Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2018** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

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.)
- [x] 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. . . . . ▶ [x]

D Check box if filing under:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROTEK SALARIED AND FLORENCE HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 07/01/1985

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)
ROTEK, INC.

1400 S. CHILLICOTHE ROAD
AURORA, OH 44202

2b Employer Identification Number (EIN) 34-0906272

2c Plan Sponsor's telephone number 330-562-4000

2d Business code (see instructions) 332900

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	JOHN PEPE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	288
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	116
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	110
b	Retired or separated participants receiving benefits	**6b**	100
c	Other retired or separated participants entitled to future benefits	**6c**	54
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	264
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	19
f	Total. Add lines **6d** and **6e**	**6f**	283
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ROTEK SALARIED AND FLORENCE HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROTEK, INC.

D Employer Identification Number (EIN)
34-0906272

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	22343302
b Actuarial value	**2b**	20789597

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	107	10851164	10851164
b For terminated vested participants	61	1609440	1609440
c For active participants	106	6705169	7707779
d Total	274	19165773	20168383

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**	5.74 %
6 Target normal cost	**6**	411112

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/10/2019 Date
JOSEPH A. GRONDIN Type or print name of actuary	17-06662 Most recent enrollment number
WILLIS TOWERS WATSON US LLC Firm name	248-936-7700 Telephone number (including area code)
TRAVELERS TOWER 26555 EVERGREEN ROAD, SUITE 1600 SOUTHFIELD, MI 48076 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2228283
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	462965
9	Amount remaining (line 7 minus line 8)	0	1765318
10	Interest on line 9 using prior year's actual return of 16.82 %	0	296926
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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 5.96 %		0
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		0
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	2062244

Part III Funding Percentages

14	Funding target attainment percentage	14	92.85%
15	Adjusted funding target attainment percentage	15	103.08%
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	97.06%
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.92%	5.52%	6.29%	

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

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**	411112
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1441030	247004
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** 658116

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	658116	658116

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2018
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

A Name of plan
ROTEK SALARIED AND FLORENCE HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
ROTEK, INC.

D Employer Identification Number (EIN)
34-0906272

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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?
19 21 50 59 62	NONE KNOWN	8890	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE KNOWN	7833	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THYSSENKRUPP NORTH AMERICA, INC.

38-2535907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE KNOWN	7385	Yes [ ] No [X]	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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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
ROTEK SALARIED AND FLORENCE HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROTEK, INC.

D Employer Identification Number (EIN)
34-0906272

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TK OPPORTUNISTIC MASTER TRUST UNIT

b Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, INC.

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)
38-2535907-004	M	5821779

a Name of MTIA, CCT, PSA, or 103-12 IE: TK EXT DURATION MASTER TRUST UNIT

b Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, INC.

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)
38-2535907-003	M	6616219

a Name of MTIA, CCT, PSA, or 103-12 IE: TK CASH/S.T. BOND MASTER TRUST UNIT

b Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, INC.

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)
38-2535907-005	M	16564

a Name of MTIA, CCT, PSA, or 103-12 IE: TK FIXED INCOME MASTER TRUST UNIT

b Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, INC.

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)
38-2535907-002	M	1027429

a Name of MTIA, CCT, PSA, or 103-12 IE: TK EQUITY MASTER TRUST UNIT

b Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, INC.

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)
38-2535907-001	M	6322052

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ROTEK SALARIED AND FLORENCE HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
ROTEK, INC.

D Employer Identification Number (EIN)
34-0906272

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)	22343302	19804043
(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	22343302	19804043
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	22343302	19804043

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(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)		0
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)		-1380056
(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		-1380056
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1133244	
(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)		1133244
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)	10235	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	15724	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25959
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1159203
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2539259
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:

		Yes	No	Amount
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.)	4a		X	
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.)	4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4165578. (See instructions.)

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ROTEK SALARIED AND FLORENCE HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
ROTEK, INC.

D Employer Identification Number (EIN)
34-0906272

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 38-2535907 _____

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** 7

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ThyssenKrupp North America, Inc.
Defined Benefit Plans

ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan
ThyssenKrupp Materials NA, Inc. Pension Plan
ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128
Rotek Salaried and Florence Hourly Pension Plan
Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees
The Budd Company Pension Plan for Executive and Administrative Employees

Modified Cash Basis Financial Report

December 31, 2018

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Plante & Moran, PLLC
27400 Northwestern Highway
P.O. Box 307
Southfield, MI 48037-0307
Tel: 248.352.2500
Fax: 248.352.0018
plantemoran.com

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.

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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 & Moran, 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**

See notes to modified cash basis financial statements.

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**

See notes to modified cash basis financial statements.

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	**$ 28,657,243**	**$ 46,169,615**	**$ 12,488,141**	**$ 19,804,043**	**$ 7,973,925**	**$ 230,432,749**

See notes to modified cash basis financial statements.

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	**$ 32,043,840**	**$ 52,130,275**	**$ 14,314,349**	**$ 22,343,302**	**$ 9,089,024**	**$ 269,447,399**

See notes to modified cash basis financial statements.

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.

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.

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.

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.

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	$ 21,845,342	$ 49,996,952	$ 13,256,618	$ 17,985,910	$ 7,772,210	$ 271,585,207

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	$ 21,845,342	$ 49,996,952	$ 13,256,618	$ 17,985,910	$ 7,772,210	$ 271,585,207

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.

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 %

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

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

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.

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.

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			

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.

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 Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	1	1	0	0	0	0	0	0	0	2
30-34	1	4	1	4	0	0	0	0	0	0	10
35-39	1	1	1	1	0	0	0	0	0	0	4
40-44	0	2	1	4	2	3	0	0	0	0	12
45-49	1	1	0	3	0	6	2	1	0	0	14
50-54	0	0	3	4	3	2	9	2	0	0	23
55-59	0	1	1	2	2	3	6	3	5	0	23
60-64	0	2	1	1	1	2	1	1	4	4	17
65-69	0	0	0	1	0	0	0	0	0	0	1
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	3	12	9	20	8	16	18	7	9	4	106

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name:	Rotek Salaried and Florence Hourly Pension Plan
EIN / PN:	34-0906272/007
Plan Sponsor:	Rotek Incorporated
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	5.74%	4.09%

Annual rates of increase

■ Compensation	3.25%
■ Future Social Security wage bases	3.00%
■ Statutory limits on compensation	2.00%
■ Increase on prior plan account balances	7.15%

Plan-related expenses $26,139

Demographic Assumptions

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

Plan Name:	Rotek Salaried and Florence Hourly Pension Plan
EIN / PN:	34-0906272/007
Plan Sponsor:	Rotek Incorporated
Valuation Date	January 1, 2018

New or rehired employees

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

Mortality

- Funding

Separate 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.)

Termination

Rates varying by age, wage class and gender

- Salaried

Attained Age	Incidence of Withdrawal	
	Males	**Females**
20	.0745	.1246
30	.0341	.0493
40	.0132	.0238
50	.0000	.0067
55	.0000	.0000

- Florence

Attained Age	Incidence of Withdrawal	
	Males	**Females**
20	.1495	.2496
30	.0691	.0994
40	.0282	.0488
50	.0040	.0167
55	.0000	.0040

SCHEDULE SB ATTACHMENTS

Disability

Wyatt 1985 Disability Study Class 1 male and female rates. The rates at the following illustrative ages indicate the disability incidence assumptions used:

	Incidence of Disability (per 1,000)	
Age	**Males**	**Females**
20	.29	.30
25	.38	.47
30	.48	.80
40	1.17	2.11
50	3.58	5.33
55	7.22	9.52
60	12.56	11.59

Retirement

- Salaried: It was assumed that participants will retire upon attaining normal retirement age.
- Florence: The incidence of retirement is assumed as indicated below for those participants who are eligible for unreduced early retirement.

Age	Percentage Retiring
62	50%
63	20%
64	20%
65	100%

All other participants are assumed to retire at age 65.

SCHEDULE SB ATTACHMENTS

Benefit commencement date:	
■ Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained early retirement
■ Deferred vested benefit	The later of age 65 or termination of employment
■ 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 85% of male employees and 50% of female employees are married to a qualifying spouse at the time of death.
Spouse age	It was assumed that husbands are three years older than their wives.
Salaried plan compensation	Valuation year pay is estimated to be the prior year's pensionable earnings increased by the compensation increase assumption.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

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

Benefits not valued

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

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2018. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

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.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on plan sponsor expectations.
Disability	Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.
Retirement	Retirement rates are based on plan sponsor expectations.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Part V – Statement of Actuarial Assumptions/Methods, 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.

Change in Assumptions and Methods

Change in assumptions and methods since prior valuation	■ The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430. ■ The mortality table used to calculate the funding target and target normal cost was updated to included one additional year of projected mortality improvement as required by IRC §430.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ROTEK SALARIED AND FLORENCE HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROTEK, INC.

D Employer Identification Number (EIN)
34-0906272

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	22,343,302
b Actuarial value	**2b**	20,789,597

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	107	10,851,164	10,851,164
b For terminated vested participants	61	1,609,440	1,609,440
c For active participants	106	6,705,169	7,707,779
d Total	274	19,165,773	20,168,383

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**	5.74%
6 Target normal cost	**6**	411,112

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 10/10/2019.

Joseph A. Grondin — Type or print name of actuary

1706662 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

248-936-7700 — Telephone number (including area code)

Travelers Tower
26555 Evergreen Road, Suite 1600
Southfield MI 48076
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2,228,283
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	462,965
9	Amount remaining (line 7 minus line 8)	0	1,765,318
10	Interest on line 9 using prior year's actual return of 16.82%	0	296,926
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.96%		0
	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		0
	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	2,062,244

Part III Funding Percentages

14	Funding target attainment percentage	14	92.85%
15	Adjusted funding target attainment percentage	15	103.08%
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	97.06%
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.92 %	5.52 %	6.29%	

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

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**	411,112
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,441,030	247,004
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** 658,116

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	658,116	658,116

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
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.

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Rotek Incorporated
EIN/PN	34-0906272/007
Plan Name	Rotek Salaried and Florence Hourly Pension Plan
Valuation Date	January 1, 2018
Enrolled Actuary	Joseph A. Grondin
Enrollment Number	17-06662

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 effective date is July 1, 1985; restated effective January 1, 2013. Most recently amended effective November 1, 2017.	
Participation	■ Salaried: Each salaried employee of the Company becomes a participant on his date of hire. Participation was frozen as of October 15, 2008 and participants at that time were allowed to make an irrevocable election to cease future benefit accruals as of January 1, 2009. ■ Florence: Each hourly paid employee of the Company whose customary employment is for at least 1,000 hours a year becomes a participant on his date of hire. Participation was frozen as of October 15, 2008 and participants at that time were allowed to make an irrevocable election to cease future benefit accruals effective January 1, 2009.
Definitions	
Vesting service	■ Salaried: One year is credited for each 365-day period of employment (completed 30-day periods count as 1/12) with the Controlled Group. Defontaine employees are credited with up to five years of Vesting Service prior to July 1, 1990. ■ Florence: 1/10 year is credited for each 100 hours of service with the Company or an Affiliate, to a maximum of one year of service during a Plan Year.
Benefit service	■ Salaried: One year is credited for each 365-day period of employment after January 1, 1979 (completed 30-day periods count as 1/12) with the Controlled Group as a salaried employee and Plan participant. Defontaine employees are credited with Benefit Service on and after January 1, 1992 through December 31, 1995. Any Covered Employee who ceases to be a Covered Employee as of January 1, 2009 shall cease to be credited with years of Benefit Service under the Plan. ■ Florence: 1/10 year is credited for each 170 hours of service with the Company or an Affiliate, to a maximum of one year of service during a Plan Year. Former Crawler division employees cease benefit service accrual on and after October 31, 1995. Any Covered Employee who ceases to be a Covered Employee as of January 1, 2009 shall cease to be credited with Years of Benefit Service under the Plan.

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Salaried covered compensation	Covered Compensation is the average of annual Social Security wage bases over the 35-year period ending with the year in which a participant would attain Social Security Retirement Age.
Salaried average earnings	Average earnings equal the monthly average of the highest 5 consecutive years' base earnings, excluding annual bonuses, out of the 10-year period preceding retirement.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 or at least 5 years after date of participation if later.
Eligibility for Benefits	
Normal retirement	Retirement on NRD
Early retirement	■ Salaried: Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service ■ Florence: Retirement before NRD and on or after both attaining age 60 and completing ten years of vesting service
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	■ Florence: Eligible if disabled after 10 or more years of Vesting Service
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events	
Normal retirement	■ Salaried: The monthly normal retirement benefit, if paid on a straight-life basis, is equal to the greater of (a) or (b) less (c) below: (a) 1.05% of average monthly earnings up to the employee's monthly Covered Compensation (determined at the date of termination) plus 1.60% of average monthly earnings in excess of Covered Compensation, with the sum times years of Benefit Service, up to 30 years. (b) $10.00 times years of Benefit Service (maximum 30); (c) the accrued benefit as of June 30, 1985 under the prior plan. In no case will the benefit be less than the accrued benefit as of December 31, 1988 or as of December 31, 1993, under the Plan in effect as of those dates. Effective January 1, 2009 those participants that elected to do so ceased benefit accruals under the plan.
	■ Florence: The monthly normal retirement benefit, if paid under the normal form, is equal to Benefit Service times the Benefit Unit in effect when the service was earned as set forth below:

Benefit Unit	Period of Benefit Service
$12.00	prior to 1/1/1987
13.00	1/1/1987 to 12/31/1989
14.00	1/1/1990 to 12/31/1990
15.00	1/1/1991 to 12/31/1991
16.00	1/1/1992 to 12/31/1993
19.00	1/1/1994 to 12/31/1994
20.00	1/1/1995 to 12/31/1995
21.00	1/1/1996 to 12/31/1997
22.00	1/1/1998 to 12/31/1998
25.00	1/1/1999 to 12/31/1999
27.00	1/1/2000 to 12/31/2000
28.00	1/1/2001 to 12/31/2001
30.00	1/1/2002 to 12/31/2002
32.00	1/1/2003 to 12/31/2003
34.00	1/1/2004 to 12/31/2004
36.00	1/1/2005 to 12/31/2005
38.00	1/1/2006 to 12/31/2006
40.00	1/1/2007 to 12/31/2007
41.00	1/1/2008 to 12/31/2008
42.00	1/1/2009 to 12/31/2009
43.00	1/1/2010 to 12/31/2010
44.00	1/1/2011 to 12/31/2011
45.00	On and after 1/1/2012

	Effective January 1, 2009 those participants that elected to do so ceased benefit accruals under the plan.
Early retirement	■ Salaried: The monthly benefit available at early retirement is the amount of normal retirement benefit based on earnings and service up to actual retirement (accrued normal retirement benefit). The benefit commences at age 65 unless the employee elects a reduced benefit commencing prior to age 65. The reduction is .4167% for each month that commencement precedes age 65. ■ Florence: The monthly benefit available at early retirement is the amount of normal retirement benefit based on service up to actual retirement (accrued normal retirement benefit). The benefit commences at age 65 unless the employee elects a reduced benefit commencing prior to age 65. The reduction is 1/180 for each month that commencement precedes age 65. ■ If the participant has 25 years of service and is age 62 or older, the benefit is unreduced for early commencement. Additionally, a temporary monthly supplement of $350 is payable as a life only annuity until attainment of age 65.
Deferred vested termination	■ Salaried: The deferred vested benefit is the accrued normal retirement benefit payable at age 65 or, alternatively, an actuarially reduced pension payable as early as age 55 if the employee has at least 10 years of Vesting Service. ■ Florence: The deferred vested benefit is the accrued normal retirement benefit payable at age 65 or, alternatively, a reduced pension payable as early as age 60 if the employee has at least 10 years of Vesting Service. The reduction is 1/180 for each month that commencement precedes age 65.
Disablement	■ Florence: The accrued normal retirement benefit is payable immediately (unreduced).
Preretirement spouse's benefit	■ Salaried: Upon death of a married participant after 5 years of Vesting Service, the surviving spouse will receive 50% of the benefit which would have been paid if the participant had terminated employment on the earlier of his date of death or actual termination date and had survived to and retired on his Earliest Retirement Date under the 50% Joint & Survivor option. ■ Florence: Upon death of an employee after age 60 and completion of 10 years of Vesting Service, the surviving spouse will receive 50% of the benefit which would have been paid if the employee had retired on the day prior to his death. The 50% is reduced by 1/2% for each year that the employee is more than 5 years older than the spouse.

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Florence Preretirement spouse's benefit for vested participants	Upon death of a married participant after 5 years of Vesting Service, and not eligible for retirement from employment with the Company, the surviving spouse will receive 50% of the benefit which would have been paid if the participant had terminated employment on the earlier of his date of death or actual termination date and had survived to and retired on his earliest Retirement Date under the 50% Joint and Survivor option.
Florence Prior plan account value distribution	Each participant's account due to participation in the Plan in effect on December 31, 1975 earns annual interest at a rate equal to 6% prior to 1983 and the Fund earnings rate on a market value basis for each Plan Year thereafter and vests at the rate of 10% a year beginning after 1 year (the 10% is changed to 20% effective January 1, 1989). Upon termination of employment, the reduced vested portion of a member's account will be paid in five annual installments, including interest on the undistributed portion. The reduction, if any, equals the actuarial value of benefits for which the employee is eligible upon termination of employment and which are due to service prior to January 1, 1976.
Other Plan Provisions	
Forms of payment	■ Salaried: An employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent 10-year certain and life or 100%, 75% or 50% Joint and Survivor basis. Unless otherwise elected, any benefit payable under the Plan shall be paid: (1) on a 50% Joint and Survivor basis, if the employee is married on the date his benefit commences; or (2) on a straight-life basis otherwise. ■ Florence: For normal, early, or disability retirements, the normal form of payment is a 50% Joint and Survivor annuity providing the participant was married on his date of retirement; otherwise, a straight-life basis applies. For the deferred vested termination benefit, unless elected otherwise, actuarially reduced benefits are automatically paid to married participants on a 50% Joint and Survivor basis; otherwise a straight-life basis applies.
Future Plan Changes	
No future plan changes were recognized in determining minimum and maximum contributions.	

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Changes in Benefits Valued Since Prior Year
Effective November 1, 2017, the Plan was amended to add a new Section 4.3 “Special One-Time Election in 2017 for Immediate Payment of Certain Deferred Vested Benefits.”

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	904,128	7.00000	904,128	147,599
2. Shortfall	01/01/2017	603,548	6.00000	536,902	99,405
Total				1,441,030	247,004

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