

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>11/01/2018</u> and ending <u>10/31/2019</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>SHILOH INDUSTRIES, INC. RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>010</u>
		1c	Effective date of plan <u>11/01/1999</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SHILOH AUTOMOTIVE, INC.</u> <u>880 STEEL DR</u> <u>VALLEY CITY, OH 44280-9736</u>	2b	Employer Identification Number (EIN) <u>34-1901339</u>
		2c	Plan Sponsor's telephone number <u>330-558-2600</u>
		2d	Business code (see instructions) <u>336100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2020	PEGGY WILLIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2020	PEGGY WILLIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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 1147
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 0 6a(2) 0 6b 562 6c 526 6d 1088 6e 57 6f 1145 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1B 1I 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019	
A Name of plan SHILOH INDUSTRIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 SHILOH AUTOMOTIVE, INC.	D Employer Identification Number (EIN) 34-1901339

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	448788	1145	11/01/2018	10/31/2019

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

(a) Total amount of commissions paid 7605	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid LINCOLN FINANCIAL ADVISORS CORPORAT ATTN TODD FRANCE 1300 S CLINTON STE 1H50 FORT WAYNE, IN 46801-2239
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7605	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	14947196

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

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

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

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

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

b Balance at the end of the previous year.....	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

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 SHILOH INDUSTRIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) 010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHILOH AUTOMOTIVE, INC.	D Employer Identification Number (EIN) 34-1901339

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month 11 Day 01 Year 2018			
2 Assets:			
a Market value	2a	66573243	
b Actuarial value	2b	66590366	
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	606	38230181	38230181
b For terminated vested participants	728	24099877	24099877
c For active participants	268	5321835	5321835
d Total	1602	67651893	67651893
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	5.64 %	
6 Target normal cost	6	970000	

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	07/17/2020 Date 20-07075 Most recent enrollment number 412-394-6324 Telephone number (including area code)
MATTHEW D. KELLER Type or print name of actuary PRINCIPAL FINANCIAL GROUP Firm name PO BOX 9394 DES MOINES, IA 50306-9394 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	259141
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	259141
10 Interest on line 9 using prior year's actual return of <u>1.88</u> %	0	4872
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 <u>5.86</u> %		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	264013

Part III Funding Percentages

14 Funding target attainment percentage	14	98.04%
15 Adjusted funding target attainment percentage	15	98.04%
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	99.24%
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
05/14/2019	218769	0			
08/15/2019	167920	0			
11/15/2019	218769	0			
Totals ▶			18(b)	605458	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	579966

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
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	970000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1325540		226219
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	1196219	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	264013	264013
36 Additional cash requirement (line 34 minus line 35)	36	932206	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	579966	
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	352240	
40 Unpaid minimum required contributions for all years	40	352240	

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

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

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

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019		
A Name of plan SHILOH INDUSTRIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 SHILOH AUTOMOTIVE, INC.	D Employer Identification Number (EIN) 34-1901339	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(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)

LINCOLN FINANCIAL ADVISORS CORPORAT

35-1151034

(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?
49 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	26002	Yes ☐ No ☒

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	267253	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILSHIRE ASSOCIATES INCORPORATED

95-2755361

(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?
27 72	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LINCOLN FINANCIAL ADVISORS CORPORAT	49 99	26002
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILSHIRE ASSOCIATES INCORPORATED	27 72	0
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan <u>SHILOH INDUSTRIES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SHILOH AUTOMOTIVE, INC.</u>	D Employer Identification Number (EIN) <u>34-1901339</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIQUID ASSETS SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>868407</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL U.S. PROPERTY SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4086624</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP GROWTH I SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-070</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>665365</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LARGE CAP GROWTH I SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-066</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2739144</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SPEC PREF CAP SEC INC PEM</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-087</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2068634</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INCOME SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-118</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1713555</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CAPITAL APPR SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2805466</u>		

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019		
A Name of plan SHILOH INDUSTRIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	010
C Plan sponsor's name as shown on line 2a of Form 5500 SHILOH AUTOMOTIVE, INC.	D Employer Identification Number (EIN) 34-1901339	

Part I	Asset and Liability Statement
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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)	964101	218769
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
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)	14812631	14947196
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	50834259	53660499
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	66610991	68826464

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	66610991	68826464
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	605458	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		605458
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1331713	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1331713
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1697854
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4610196
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		8245221

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5061785	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5061785
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	267253	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	700710	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		967963
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6029748

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2215473
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: BDO USA, LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	0
4b		X	0

		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	0
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	0
e Was this plan covered by a fidelity bond?	4e	X		10000000
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 4219828. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan <u>SHILOH INDUSTRIES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHILOH AUTOMOTIVE, INC.</u>	D Employer Identification Number (EIN) <u>34-1901339</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



Shiloh Industries, Inc. Retirement Plan

**Financial Statements
(and supplemental materials)
Years Ended October 31, 2019 and 2018**

Shiloh Industries, Inc. Retirement Plan

Financial Statements
(and supplemental materials)
Years Ended October 31, 2019 and 2018

Shiloh Industries, Inc. Retirement Plan

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Independent Auditor's Report

To The Pension and Finance Committee
Shiloh Industries, Inc. Retirement Plan
Valley City, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Shiloh Industries, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of October 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by the Delaware Charter Guarantee & Trust Company (d/b/a Principal Trust Company), the trustee of the Plan, 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 Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of October 31, 2019 and 2018, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter - Going Concern of Shiloh Industries, Inc. (the Plan Sponsor)

As more fully described in Note 1 to the financial statements, the Plan Sponsor has disclosed that there is substantial doubt about its ability to continue as a going concern for the next 12 months and is currently exploring financing and strategic alternatives that could result in a reportable event including: a reduction in benefits to plan participants, or administrative responsibilities of the Plan being taken over by the Pension Benefit Guaranty Corporation or another entity. Our opinion is not modified with respect to this matter.

Emphasis of Matter - COVID 19

As more fully described in Note 2 to the financial statements, the Company has been negatively impacted by the outbreak of a novel coronavirus ("COVID-19"), which was declared a global pandemic by the World Health Organization in March 2020. Our opinion is not modified with respect to this matter.

Other Matter - Supplemental Schedules

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended October 31, 2019, are required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

Troy, Michigan
August 17, 2020

Financial Statements

Shiloh Industries, Inc. Retirement Plan
Statements of Net Assets Available for Benefits

<i>October 31,</i>	2019	2018
Assets		
Investments, at fair value		
Mutual funds	\$ 53,660,499	\$ 50,834,259
Pooled separate accounts	14,947,196	14,812,631
Total Investments	68,607,695	65,646,890
Contribution Receivable - Employer	571,009	964,101
Net Assets Available For Benefits	\$ 69,178,704	\$ 66,610,991

See accompanying notes to financial statements.

Shiloh Industries, Inc. Retirement Plan
Statements of Changes in Net Assets Available for Benefits

<i>Year ended October 31,</i>	2019	2018
Additions To Net Assets Attributed To		
Investment Income		
Net appreciation (depreciation) in fair value of investments	\$ 6,308,050	\$ (405,602)
Dividend Income	1,331,713	1,662,137
Total Investment Income	7,639,763	1,256,535
Employer Contributions	957,698	964,101
Total Additions	8,597,461	2,220,636
Deductions From Net Assets Attributed To		
Benefits paid to participants	5,061,785	4,482,027
Administrative expenses	967,963	788,161
Total Deductions	6,029,748	5,270,188
Net Increase (Decrease) in Net Assets Available for Benefits	2,567,713	(3,049,552)
Net Assets Available For Benefits, beginning of year	66,610,991	69,660,543
Net Assets Available For Benefits, end of year	\$ 69,178,704	\$ 66,610,991

See accompanying notes to financial statements.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Shiloh Industries, Inc. Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

Effective November 1, 2009, the Shiloh Automotive, Inc. Retirement Plan for Hourly Employees of the Liverpool Plant (“Liverpool Plant”) (“Liverpool Plan”) and Shiloh Industries Cash Balance Plan (“Cash Balance Plan”) merged into the Shiloh Automotive, Inc. Retirement Plan for Hourly Employees of the Parma Plant (“Parma Plant”) (“Parma Plan”), and the Plan was renamed the Shiloh Industries, Inc. Retirement Plan. Effective November 1, 2012, the Shiloh Industries, Inc. Pension Agreement between Shiloh Corporation and the United Steel Workers of America, Local 7679 (“USWA Plan”), a plan frozen to participant and benefit accruals, was merged into the Plan.

General

The Plan is a defined benefit plan which covered substantially all employees of Shiloh Industries, Inc. (the “Company”) who were hourly employees at the Parma Manufacturing and Liverpool Manufacturing plants who were at least age 21, provided one year of service and were covered by the applicable collective bargaining agreement between the Company and the United Auto Workers Union, Local 2015 and Local 1619. Due to a decision made by the Company’s Board of Directors to close the Parma Plant in June 2007 and the Liverpool Plant in July 2009, the Parma Plan and Liverpool Plan were frozen to participation and benefit accruals as of their respective plant closing dates. The Cash Balance Plan benefits substantially all full-time non-union employees of the Company or one of its controlled subsidiaries who were at least age 18 prior to November 1, 2006. The Cash Balance Plan was frozen to new participants effective November 1, 2006 and to the accrual of new pay credits after January 31, 2007. The USWA Plan benefits substantially all employees of Shiloh Industries, Inc. who were hourly employees and covered by the applicable collective bargaining agreement between the Company and the United Steel Workers of America Union, Local 7679. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan has given Delaware Charter Guarantee & Trust Company (d/b/a Principal Trust Company) (the “Trustee”), the trustee of the Plan, the authority to hold the assets of the Plan and to invest, control, and disburse all assets of the Plan in accordance with the Plan agreement.

The restated Plan agreement was effective November 1, 2014.

Funding Policy

The Company’s funding policy is to make contributions to the Plan in amounts that meet or exceed the minimum funding standards of ERISA. The yield (dividends, and net realized and unrealized gains and losses) on investments of Plan assets serves to reduce future contributions that would otherwise be required to provide for the level of benefits provided under the Plan. The Plan has met the minimum funding requirements of ERISA for the years ended October 31, 2019 and 2018.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

Vesting and Benefits

Any employee who has attained the normal retirement age (65) is entitled to receive a pension based upon the employee's credited service. Parma Plant, Liverpool Plant and USWA Plan employees received a year of vesting service upon completion of 12 months of service during an employment year. Cash Balance Plan employees received a year of vesting upon completion of 12 or more months of service during an employment year. The employment year is a 12-month period beginning on the date the employee was first hired by the Company. Liverpool Plant, Parma Plant and USWA Plan employees' benefits vested after five years of service or upon reaching retirement age while still an active employee. USWA Plan participants who are between ages 60 and 65 and have provided 15 years of service may retire at the option of the employee and will receive a percentage of their earned benefit based upon the number of years between their retirement age and age 65. Cash Balance Plan employees' benefits vested after three years of service (five years of service prior to January 1, 2008) or upon reaching retirement age while still an active employee. Liverpool Plant, Parma Plant and USWA Plan employees' benefits to be received under the Plan are based on the employees' years of credited service and fractions thereof multiplied by the benefit amount in effect on the date of retirement. Parma Plan participants who were terminated due to the partial plan terminations in 2004 and 2007 became 100% vested. Liverpool Plan participants who were terminated due to the partial plan termination in October 2004 became 100% vested. As a result of the Parma Plant and Liverpool Plant closings in June 2007 and July 2009, respectively, all impacted participants became fully vested in their benefits. Cash Balance Plan participant benefits to be received under the Plan are based on a cash balance formula. Participant account balances are credited with an interest allocation quarterly based on the 30-year U.S. Treasury bill rate, or equivalent.

Liverpool Plan, USWA Plan and Parma Plan participants may elect to receive their benefits in various forms including a single life annuity and periodic payments for a number of years not to exceed the remaining life expectancy of the participant and a designated beneficiary. Cash Balance Plan participants may elect to receive their benefits in various forms including a lump sum (subject to limitations), a single life annuity and periodic payments to a number of years not to exceed the remaining life expectancy of the participant and a designated beneficiary. If the value of an employee's benefit is \$5,000 or less, the full amount is automatically paid in a single lump sum.

Death and Disability Benefits

If an active employee dies, a death benefit in the form of a survivor annuity representing the employee's earned benefit is paid to the employee's beneficiary. Parma Plan and Liverpool Plan participants under the age of 65 who became totally disabled while an active participant and had at least 15 years of vesting service receive a disability retirement benefit from the Plan. Cash Balance Plan participants will be eligible to receive a disability retirement benefit at the time of severance from employment following one year of inactive service due to such disability. USWA Plan participants under the age of 65 who become totally disabled and have at least 10 years of vesting service will be eligible to receive a disability retirement benefit from the Plan.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

Going Concern of Shiloh Industries, Inc. (the “Plan Sponsor”)

As disclosed in Note 8 of the Shiloh Industries, Inc. Form 10-Q for the quarterly period ended April 30, 2020:

- the Company experienced significant operating losses, negative cash flows from operations and working capital deficiencies during the period and as a result was below the established financial thresholds of the interest coverage ratio and leverage ratio covenants stated within the Company’s credit agreement as of April 30, 2020.
- On June 11, 2020, the Company entered into the Tenth Amendment to the Credit Agreement (the “Tenth Amendment”), pursuant to which, among other things, the Company received a waiver of the interest coverage ratio and leverage ratio covenants for the quarters ended April 30, 2020 and July 31, 2020. The Company intends to work during the waiver period to complete a debt refinancing, evaluate additional capital sources and review other strategic alternatives. It is uncertain when, or if, the Company will return to profitability and positive cash flows from operations, whether due to the impact of COVID-19 or otherwise. The uncertainties associated with COVID-19 related to the Company’s industry, customers and supply chain present risk and doubt on the Company’s ability to continue as a going concern.
- The Company is currently exploring financing and strategic alternatives.

As of December 31, 2019, the Plan was 90% funded. As discussed in footnote 2, the investment portfolio has experienced significant volatility through the date of issuance of these financial statements. To the extent additional contributions are required, the Plan Sponsor may not be able to make such minimum contributions.

Depending on the strategic direction the Plan Sponsor elects, the Plan could result in a reportable event including: a reduction in benefits to plan participants, or administrative responsibilities of the Plan being taken over by the Pension Benefit Guarantee Corporation or another entity.

Accordingly, benefits to participants may be negatively impacted if such events occur.

2. Summary of Significant Accounting Policies

The following is a summary of significant accounting policies used in the preparation of the accompanying financial statements.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension and Finance Committee determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments on the Statements of Changes in Net Assets Available for Benefits, includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Certain costs incurred in the administration of the Plan have been paid by the Company, and excluded from these financial statements. Certain costs incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, investment management fees charged to the Plan are included in net appreciation (depreciation) of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Contributions

Contributions from the Company are accrued based upon amounts required to be funded under provisions of ERISA or, if greater, amounts to be contributed for the year. The contribution receivable was \$571,009 and \$964,101 as of October 31, 2019 and October 31, 2018, respectively. The contribution for the 2019 Plan year is deferred. See further information under Note 2-Subsequent Events disclosure.

Subsequent Events

Plan management has evaluated subsequent events for recognition and disclosure through August 17, 2020, which is the date the financial statements were available to be issued.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant instability in financial markets. As a result, the Plan's investment portfolio has incurred a decline in fair value since October 31, 2019. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined. The value of the Plan's investments has a direct impact on its funded status. As a result of such declines in market value and possible changes to the actuarial assumptions used in determining the present value of accumulated plan benefits, the Plan Sponsor may need to make greater cash contributions to fund the Plan. Based on the Plan's funded percentage, there may be certain benefit limitations imposed. However, the actual impact, if any, on future required contributions, Plan liquidity, and benefit limitations cannot be determined at this time.

On March 27, 2020, President Trump signed into law the "Coronavirus Aid, Relief, and Economic Security ("CARES") Act." The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management is currently evaluating the impact of the CARES Act on the Plan's financial statements.

The CARES Act allows sponsors of single employer pension plans to delay any contributions otherwise due during 2020 to January 1, 2021. The Company has delayed its contributions under the CARES Act.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service the employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' accumulated years of service on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, or termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the 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. It is at least reasonably possible that the actuarial assumptions used to calculate accumulated plan benefits will change in the near term and that the effect of such change could be significant. The significant actuarial assumptions used in the valuation dated November 1, 2018 were:

Interest rate: 6.00% per year

Mortality basis: RP-2006 total dataset mortality table projected to future years with historical and assumed mortality improvement rates using the Principal Mortality Improvement Scale

Actuarial method Asset Valuation Method

Cash balance assumption 4.00% compounded annually

Normal retirement age: Age 65

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

The actuarial present values of accumulated plan benefits as of November 1, 2018 and 2017 is as follows:

<i>November 1,</i>	2018	2017
Actuarial Present Value of Accumulated Plan Benefits:		
Vested benefits:		
Participants in pay status	\$ 37,743,270	\$ 38,324,480
Inactive participants	24,018,799	23,670,100
Active participants	5,318,741	6,219,736
Total Present Value of Accumulated Plan Benefits	\$ 67,080,810	\$ 68,214,316

The computation of the actuarial present value of accumulated plan benefits were made as of November 1, 2018 and 2017. Had the valuations been performed as of October 31, there would be no material differences.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

The change in actuarial present value of accumulated plan benefits consists of the following:

<i>November 1,</i>	<i>2019</i>
Actuarial Present Value of Plan Benefits, at beginning of period	\$ 68,214,316
Benefits accumulated and plan experience	(1,102)
Change in assumptions	(610,734)
Increase in interest due to decrease in the discount period	3,960,357
Benefits paid	(4,482,027)
Actuarial Present Value of Plan Benefits, at end of period	\$ 67,080,810

The Pension Protection Act of 2006 as amended by the Worker, Retiree and Employer Recovery Act of 2008 imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The Adjusted Funding Target Attainment Percentage ("AFTAP") was 98.04% as of November 1, 2018. Because the Plan's AFTAP equals or exceeds 80 percent, the Plan is not subject to any benefit restrictions.

4. Information Certified by Plan's Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate:

<i>October 31,</i>	<i>2019</i>	<i>2018</i>
Mutual funds	\$ 53,660,499	\$ 50,834,259
Pooled separate accounts	14,947,196	14,812,631
Year ended October 31,	2019	2018
Net appreciation (depreciation) in fair value of investments	\$ 6,308,050	\$ (405,602)
Dividend income	1,331,713	1,662,137

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements and supplemental schedules.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

5. Fair Value Measurements

Fair value is defined as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1) and gives the lowest priority to unobservable inputs (Level 3). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 - Inputs to the valuation methodology include:

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

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

Level 3 - Inputs that are unobservable inputs for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2019 and 2018.

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

Pooled Separate Accounts - The fair values of participation units held in pooled separate accounts are based on their NAV, as reported by the managers of the pooled separate accounts as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date. The NAV is used as a practical expedient to estimate fair value. Each of the pooled separate accounts invests in a single, open ended mutual fund with the exception of the Principal U.S. Property Separate Account and Principal Government & HQ Bond Securities Separate Account. The Principal U.S. Property Separate Account invests mainly in commercial real estate and includes mortgage loans which are backed by the associated properties. The Principal Government & HQ Bond Securities Separate Account invests primarily in securities that are AAA rated or issued by the U.S. government, its agencies or instrumentalities. Each pooled separate account provides for daily redemptions by the Plan with no advance notice requirements, and has redemption prices that are determined by the fund's NAV per unit.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of October 31, 2019 and 2018.

	October 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 53,660,499	\$ -	\$ -	\$ 53,660,499
Investments Measured at Net Asset Value (a)				
Pooled separate accounts (a)	-	-	-	14,947,196
Total Plan Assets	\$ 53,660,499	\$ -	\$ -	\$ 68,607,695

	October 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 50,834,259	\$ -	\$ -	\$ 50,834,259
Investments Measured at Net Asset Value (a)				
Pooled separate accounts (a)	-	-	-	14,812,631
Total Plan Assets	\$ 50,834,259	\$ -	\$ -	\$ 65,646,890

(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts represented in this table are intended to permit reconciliation of the fair value to the amounts presented in the Statements of Net Assets Available for Benefits.

6. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Benefits attributed to employees' contributions, if any, in the Plan.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

- b) Annuity benefits for former employees of their beneficiaries who have been receiving benefits for at least three years, or those employees eligible to retire for that three-year period who would have been receiving benefits if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan's provisions in effect at any time during the five years preceding Plan termination.
- c) Other vested benefits insured by the Pension Guaranty Benefit Corporation ("PBGC", a U.S. governmental agency) up to the applicable limitations.
- d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of any individual's monthly benefit that the PBGC guarantees.

The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single life annuity, the corresponding ceilings will be actuarially adjusted downward.

Whether all participants receive their benefit, should the Plan terminate at some future times, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

7. Risks and Uncertainties

The Plan provides for various investment options. Investments are exposed to various risks such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain Plan investments, it is at least reasonably possible that changes in the values of certain Plan investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and Statements of Changes in Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Shiloh Industries, Inc. Retirement Plan

Notes to Financial Statements

8. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated January 29, 2015, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that, more likely than not, would not be sustained by the IRS. The Plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Party-In-Interest Transactions

The Plan held investments in pooled separate accounts managed by Principal Life Insurance Company. Principal Life Insurance Company is an affiliate of the Delaware Charter Guarantee & Trust Company, (d/b/a Principal Trust Company), the trustee of the Plan; therefore, these qualify as party-in-interest transactions.

10. Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of Net Assets Available for Benefits, per the financial statements to the Form 5500 as of October 31, 2019 and 2018:

<i>October 31,</i>	2019	2018
Net Assets Available for Benefits , per the financial statements	\$ 69,178,704	\$ 66,610,991
Receivables not yet received by the Plan	(352,240)	-
Net Assets Available for Benefits , per form 5500	\$ 68,826,464	\$ 66,610,991

The following is a reconciliation of Net Increase, per the financial statements to the Form 5500 as of October 31, 2019 and 2018:

<i>October 31,</i>	2019	2018
Net Increase , per the financial statements	\$ 2,567,713	\$ (3,049,552)
Receivables not yet received by the Plan	(352,240)	-
Net Income , per form 5500	\$ 2,215,473	\$ (3,049,552)

Supplemental Materials

Shiloh Industries, Inc. Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of October 31, 2019

				EIN: 34-1901339
				Plan Number: 010
(b) (a) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value	
Mutual Funds				
Western Asset Management	Mortgage Back Security I Fund	\$ 4,161,973	\$ 4,078,234	
Vanguard Group	Equity Income ADM Fund	3,058,797	3,542,498	
American Funds	New Prospective R6 Fund	2,928,526	3,503,136	
American Funds	WSHMUT INV R6 FD	3,354,600	3,486,875	
Vanguard Group	US Growth Admiral Fund	2,471,638	3,421,314	
JP Morgan Funds	Core Plus Bond R6 Fund	3,242,044	3,360,104	
Dimensional Investment Group	INTL Core Equity I Fund	2,721,972	2,891,292	
American Funds	EuroPacific Growth R6 Fund	2,678,478	2,845,766	
Victory Funds	Sycamore Est Value R6 Fund	2,373,786	2,827,928	
American Funds	Fundamental Investors R6 Fund	2,468,693	2,821,954	
Janus	Enterprise N Fund	1,829,397	2,724,632	
Janus	HEND MULT-SEC Inc. N Fund	2,198,645	2,192,099	
American Funds	New World R6 Fund	1,831,285	2,122,824	
Western Asset Management	Core Plus Bond I Fund	2,032,332	2,117,523	
Dimensional Investment Group	US Large Company I Fund	1,507,617	2,108,982	
PIMCO	Income Institutional Fund	2,063,582	2,068,375	
Alliance Bernstein	Global Bond Z Fund	1,991,607	2,020,964	
JP Morgan Funds	UNDISC MGRS BEHAV VALUE R6 FD	1,709,434	1,775,339	
Alliance Bernstein	High Income Z Fund	1,412,610	1,373,356	
Dimensional Investment Group	INFL Protected SEC I Fund	1,342,105	1,334,021	
JP Morgan Funds	Small Cap Equity R6 Fund	979,758	1,043,283	
Total Mutual Funds		\$ 48,358,879	\$ 53,660,499	
Pooled Separate Accounts				
* Principal Life Insurance Company	Principal U.S. Property Separate Account	\$ 1,979,428	\$ 4,086,624	
* Principal Life Insurance Company	Principal Liquid Assets Sep Acct-Z	1,230,144	2,805,466	
* Principal Life Insurance Company	Principal Large Cap Growth I Separate Account	1,106,451	2,739,144	
*	Principal Capital Appreciation Separate Account	1,222,962	2,068,634	
	Principal Preferred Securities Separate Account	1,629,375	1,713,555	
* Principal Life Insurance Company	Principal Income Separate Account	866,451	868,407	
* Principal Life Insurance Company	Principal Small Cap Growth I Separate Account	\$421,385	665,366	
Total Pooled Separate Accounts		\$ 8,456,196	\$ 14,947,196	
Total Investments		\$ 56,815,075	\$ 68,607,695	

* - A party-in-interest as defined by ERISA

Shiloh Industries, Inc. Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions For the Year Ended October 31, 2019

EIN: 34-1901339
Plan Number: 010

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) A Series of Transactions in the Same Security in Excess of 5% of the Current Value of the Plan Assets, at beginning of the year								
* Principal Life Insurance Company	Principal Liquid Assets Separate Account							
	20 Purchases	\$ 4,113,161	\$ -	\$ -	\$ -	\$ 4,113,161	\$ 4,113,161	\$ -
	33 Sales	-	4,010,558	-	-	3,999,477	3,999,477	11,081
* Principal Life Insurance Company	Principal Income Separate Account							
	7 Purchases	3,267,864	-	-	-	3,267,864	3,267,864	-
	12 Sales	-	3,897,732	-	-	3,793,333	3,793,333	104,399
Western Asset	CR PLS BD IS FD							
	19 Purchases	1,578,140	-	-	-	1,578,140	1,578,140	-
	64 Sales	-	2,248,087	-	-	2,213,770	2,213,770	34,317

* Denotes party-in-interest

EIN 34 1901339
 PLAN NUMBER 010
 PLAN YEAR 11/01/2018 TO 10/31/2019

[illegible]

Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H, Line 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

EIN 34 1901339

PLAN NUMBER 010

PLAN YEAR 11/01/2018 TO 10/31/2019

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
		Pooled Separate Accounts		
*	Principal Life Insurance Company	PRIN CAPITAL APPR SA-Z	\$1,230,144.47	\$2,805,466.13
		Pooled Separate Accounts		
*	Principal Life Insurance Company	PRIN INCOME SEP ACCT-Z	\$1,629,374.82	\$1,713,554.73
		Pooled Separate Accounts		
*	Principal Life Insurance Company	PRIN LARGECAP Growth I SA-Z	\$1,106,451.36	\$2,739,144.31
		Pooled Separate Accounts		
*	Principal Life Insurance Company	PRIN LIQUID ASSETS SEP ACCT-Z	\$866,450.69	\$868,407.30
		Pooled Separate Accounts		
*	Principal Life Insurance Company	PRIN SMCAP GROWTH I SEP ACCT-Z	\$421,384.76	\$665,365.20
		Pooled Separate Accounts		
*	Principal Life Insurance Company	PRIN SPEC PREF CAP SEC INC PEM	\$1,222,962.41	\$2,068,634.33
		Pooled Separate Accounts		
*	Principal Life Insurance Company	PRINCIPAL U.S. PROPERTY SA-Z	\$1,979,427.64	\$4,086,624.33
		Registered Investment Company		
	JP Morgan Funds	UNDISC MGRS BEHAV VALUE R6 FD	\$1,709,434.35	\$1,775,339.15
		Registered Investment Company		
	Vanguard Group	VANGUARD EQUITY-INC ADM FUND	\$3,058,797.18	\$3,542,498.09
		Registered Investment Company		
	Vanguard Group	VANGUARD US GROWTH ADMIRAL FD	\$2,471,637.60	\$3,421,314.02
		Registered Investment Company		
	Victory Funds	VICTORY SYCAMORE EST VAL R6 FD	\$2,373,785.82	\$2,827,928.11
		Registered Investment Company		
	Western Asset Management Co.	WESTERN ASSET CR PLS BD IS FD	\$2,032,332.12	\$2,117,522.80
		Registered Investment Company		
	Western Asset Management Co.	WESTERN ASSET MRT TTL RT IS FD	\$4,161,973.08	\$4,078,234.32

SCHEDULE H, Line 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

EIN 34 1901339

PLAN NUMBER 010

PLAN YEAR 11/01/2018 TO 10/31/2019

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
		Registered Investment Company		
	Alliance Bernstein	AB GLOBAL BOND Z FUND	\$1,991,606.98	\$2,020,964.42
		Registered Investment Company		
	Alliance Bernstein	AB HIGH INCOME Z FUND	\$1,412,609.88	\$1,373,355.66
		Registered Investment Company		
	The American Funds	AM FDS EUROPACIFIC GRTH R6 FD	\$2,678,478.03	\$2,845,766.31
		Registered Investment Company		
	The American Funds	AM FDS FNDMTL INV R6 FUND	\$2,468,693.43	\$2,821,954.48
		Registered Investment Company		
	The American Funds	AMERICAN FDS WSHMUT INV R6 FD	\$3,354,599.91	\$3,486,875.09
		Registered Investment Company		
	The American Funds	AMERICAN FUNDS NEWPRSP R6 FND	\$2,928,525.69	\$3,503,135.67
		Registered Investment Company		
	The American Funds	AMERICAN FUNDS NEWWORLD R6	\$1,831,284.57	\$2,122,824.27
		Registered Investment Company		
	Dimensional Fund Advisors	DFA INFL PROTECTED SEC I FUND	\$1,342,105.35	\$1,334,020.70
		Registered Investment Company		
	Dimensional Fund Advisors	DFA INTL CORE EQUITY I FD	\$2,721,971.93	\$2,891,291.89
		Registered Investment Company		
	Dimensional Fund Advisors	DFA US LARGE COMPANY I FUND	\$1,507,617.04	\$2,108,981.62
		Registered Investment Company		
	Janus Henderson	JANUS HEND MULT-SEC INC N FD	\$2,198,644.52	\$2,192,099.00
		Registered Investment Company		
	Janus Internation Holding, LLC	JANUSHENDERSON ENTRPRS N	\$1,829,397.47	\$2,724,631.61
		Registered Investment Company		
	JP Morgan Funds	JP MORGAN CORE PLUS BOND R6 FD	\$3,242,043.63	\$3,360,103.98

SCHEDULE H, Line 41-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 34 1901339

PLAN YEAR 11/01/2018 TO 10/31/2019

[illegible]

Schedule SB, Line 26 - Schedule of Active Participant Data
 SHILOH INDUSTRIES, INC. RETIREMENT PLAN
 EIN 34-1901339 Plan No. 010

Form 5500 - Schedule of Active Participation Data							Valuation Date 11/01/2018			
Attained Age	YEARS OF CREDITED SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	2	0	0	0	0	0	0
35 to 39	0	0	1	6	7	0	0	0	0	0
40 to 44	0	0	2	4	19	6	1	0	0	0
45 to 49	0	0	0	3	16	13	9	0	0	0
50 to 54	0	0	0	7	18	17	15	8	0	0
55 to 59	0	0	0	6	12	15	3	8	3	3
60 to 64	0	0	2	5	13	12	10	7	0	1
65 to 69	0	0	1	4	6	0	1	0	0	1
70 & up	0	0	0	0	0	0	0	1	0	0

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
SHILOH INDUSTRIES, INC. RETIREMENT PLAN
EIN 34-1901339 Plan No. 010

Assumptions prescribed by law

Mortality

During benefit payment period

IRS Prescribed Mortality - Static Annuitant, male and female.

Before benefit payment period

IRS Prescribed Mortality - Static Non-annuitant, male and female.

At the plan sponsor's direction, we are delaying the use of the Notice 2017-60 mortality table to 2019. With the exception of The mortality tables are determined using the methodology in §1.430(h)(3)-1 prior to its amendment by T.D. 9826.

Assumptions selected by actuary

Inflation

2.25% increase per year.

See Long-Term Capital Market Assumptions link.

Asset return

6.50% for the current plan year.

The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Expected expense

The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.

Retirement	Active and inactive participants are assumed to retire at normal retirement age as defined in <u>Plan provisions</u>. This assumption is based on the results of recent experience analysis and anticipated future experience.
Disability	None. There are no active employees eligible for future subsidized disability benefits therefore the disability assumption is built into the withdrawal assumption.
Marriage	75% married; husbands are 3 years older than wives. This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.
Withdrawal	None. Due to the size of the plan and limited experience, we're not recognizing a withdrawal assumption prior to retirement.
Form of benefit and basis	100% of active participants will elect a benefit paid in a lump sum at the assumed retirement age. All other participants are assumed to receive their benefit on the normal form at the assumed retirement age. This assumption is based on the results of recent experience analysis and anticipated future experience. The lump sum benefit is based on the Applicable Mortality projected to decrement and the plan's funding target interest rates, as prescribed.
Cash balance interest crediting rate	4.00% compounded annually Shiloh Industries Inc. Retirement Plan defines the interest credit rate as a 30-year Treasury Yield. See the details on Treasury Bond yield in Capital Market Modeling Assumptions link. The forward-looking average yield over 10 to 20 years is 3.90% to 4.25%; historically, the average yield over 10 years is 3.75%. Therefore, a long term assumption of 4.00% was selected.
Methods prescribed by law	
Liability measure	Funding target is the present value of the benefits accrued on the valuation date. Target Normal Cost is based on benefits expected to accrue during the current year.

Methods selected by plan sponsor

Asset method

The asset valuation method is prescribed by law for plans that elect to use a value other than market value.

For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.

The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.

When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.

Segment rates

24-month average with no weighting to prior law basis. Use rates where June is the last month included in the average.

PBGC premium basis

Variable Rate Premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the 24-month average rates used for annual cost but without the interest rate corridor defined in IRC §430(h)(2)(C)(iv). You elected this Alternative interest method for the 11/01/2008 plan year and this method must be used for five years before a change can be made.

Methods elected by actuary

Retirees

Assets and liabilities for current and future retirees are included.

Vested benefits

A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.

The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality	Based on RP-2006 total dataset mortality table projected to future years with historical and assumed mortality improvement (MI) rates using the Principal Mortality Improvement Scale (PFG2014-10). RP-2006 is a baseline mortality rates table underlying the SOA RP-2014 experience study as of central year of the experience data for 2004-2008 years. The Principal Mortality Improvement scale is based on the SOA MI model RPEC_2014_v2018 and Principal-selected assumption set published November 2018. For detailed rationale please see full Mortality documentation.
Interest rate used to value liabilities	6.00% The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.
Treatment of administrative expenses	No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses. Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer. Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Basis for lump sums

Interest rate

Based on the three segment yield curve: 4.05%/4.45%/5.35%.

The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 4.05%/4.45%/5.35%. For details, see Corporate AA yield in Figure 4 of Long-Term Capital Market Assumptions link.

Mortality

We have selected the same mortality assumption for lump sum payments, but with a 50/50 blend of male and female total dataset base rates and mortality improvement scales. This reflects the IRS practice of defining lump sum mortality on a unisex basis.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning <u>11/01/2018</u> and ending <u>10/31/2019</u>	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan <u>SHILOH INDUSTRIES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHILOH AUTOMOTIVE, INC.</u>	D Employer Identification Number (EIN) <u>34-1901339</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2018</u>	
2 Assets:	
a Market value.....	2a <u>66573243</u>
b Actuarial value	2b <u>66590366</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>606</u> (2) Vested Funding Target <u>38230181</u> (3) Total Funding Target <u>38230181</u>
b For terminated vested participants	<u>728</u> <u>24099877</u> <u>24099877</u>
c For active participants	<u>268</u> <u>5321835</u> <u>5321835</u>
d Total	<u>1602</u> <u>67651893</u> <u>67651893</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.64 %</u>
6 Target normal cost	6 <u>970000</u>

Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	<u>7/17/2020</u>
<u></u> Signature of actuary	Date
<u>Matthew D. Keller</u> Type or print name of actuary	<u>2007075</u> Most recent enrollment number
<u>Principal Financial Group</u> Firm name	<u>412-394-6324</u> Telephone number (including area code)
<u>PO Box 9394 Des Moines, IA 50306-9394</u> Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	259141
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	259141
10 Interest on line 9 using prior year's actual return of <u>1.88</u> %	0	4872
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 <u>5.86</u> %		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	264013

Part III Funding Percentages

14 Funding target attainment percentage	14	98.04 %
15 Adjusted funding target attainment percentage	15	98.04 %
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	99.24 %
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
05/14/2019	218769	0			
08/15/2019	167920	0			
11/15/2019	218769	0			
Totals ▶			18(b)	605458	18(c) style="text-align: right;">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	579966

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21	Discount rate:			
a	Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
		☐ N/A, full yield curve used		
b	Applicable month (enter code)	21b	4	
22	Weighted average retirement age	22	65	
23	Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate
		Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate
			☐ Substitute	☐ 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	970000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	1325540	226219
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	1196219
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	264013
36	Additional cash requirement (line 34 minus line 35)	36	932206
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	579966
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	352240
40	Unpaid minimum required contributions for all years	40	352240

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, Line 2a - Explanation of Assets
SHILOH INDUSTRIES, INC. RETIREMENT PLAN
EIN 34-1901339 Plan No. 010

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$964,101 contributions received after the plan year end with a discounted value of \$926,353.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
 SHILOH INDUSTRIES, INC. RETIREMENT PLAN
 EIN 34-1901339 Plan No. 010

Active participants are expected to retire at the plan's assumed retirement age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	250.4639	1.0000	250.4639	16,280.1519
66	5.0000	1.0000	5.0000	330.0000
67	1.0000	1.0000	1.0000	67.0000
68	0.0000	1.0000	0.0000	0.0000
69	3.0000	1.0000	3.0000	207.0000
70	0.0000	1.0000	0.0000	0.0000
71	0.0000	1.0000	0.0000	0.0000
72	1.0000	1.0000	1.0000	72.0000
Total			260.4639	16,956.1519
Average				65.10

Schedule SB, Part V - Summary of Plan Provisions
SHILOH INDUSTRIES, INC. RETIREMENT PLAN
EIN 34-1901339 Plan No. 010

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the restated plan signed 10/23/2014 including the amendments signed through 03/09/2018.

Plan Provisions – USWA Local 7679

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. The USWA Local 7679 plant was closed in 2012.

Plan eligibility

Service	Immediately upon becoming an employee.
Class	Members covered under the collective bargaining agreement of the United Steelworkers of America, Local 7679.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	The product of a) and b): a) An amount equal to: i) \$33.00, on and after April 1, 2000 and before April 2, 2001 ii) \$33.25, on and after April 2, 2001 and before April 1, 2002 iii) \$33.50, on and after April 1, 2002 and before April 1, 2003 iv) \$34.00, on and after April 1, 2003 and before April 1, 2004 v) \$34.50, on and after April 1, 2004 and before April 1, 2005 vi) \$35.50, on and after April 1, 2005 b) Accrual service (not to exceed 35 years) on such date. An active participant who retires on or after April 2, 2001 and before June 5, 2006 shall receive the increases in the monthly amount of retirement benefit throughout the term of the collective bargaining agreement that ends on June 4, 2006.

Schedule SB, Part V - Summary of Plan Provisions
 SHILOH INDUSTRIES, INC. RETIREMENT PLAN
 EIN 34-1901339 Plan No. 010

Early retirement benefit

Age	Attained age 60.
Service	Fifteen years of service
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced 7.20% for each year up to five that the early retirement date precedes normal retirement date.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date.

Termination benefit

Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Disability benefit

Eligibility	An active participant who is totally and permanently disabled as determined by the plan administrator.
Service	Ten years of vesting service
Form	Monthly income payable until normal retirement, death or recovery and a deferred annuity payable at normal retirement date.
Amount	An immediate benefit of \$225 payable until normal retirement date and a deferred benefit equal to the accrued benefit as of the date of disability payable at normal retirement date.

Survivor annuity death benefit

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Schedule SB, Part V - Summary of Plan Provisions
SHILOH INDUSTRIES, INC. RETIREMENT PLAN
EIN 34-1901339 Plan No. 010

Definitions

Accrual service	Years and fractional parts of a year (to two decimal places) on the basis that 365 days equal one year measured from employment commencement date to the most recent severance date.
Severance date	The earlier of a) or b): a) the date an employee quits, retires, dies, or is discharged b) the first anniversary of a one-year absence from service (with or without pay) as a result of any combination of vacation, holiday, sickness, disability, leave of absence, or layoff.
Vesting service	Years and fractional parts of a year (to two decimal places) on the basis that 365 days equal one year.
Optional forms of benefit payments	The optional forms of benefit payments are: • Monthly annuity payable for life or 10 years certain and life • Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 75, or 100. • Single sum payment equal to the present value of the retirement benefit
Optional forms conversion basis	The optional form conversion basis is 6.0% interest and the 1971 GAM Mortality Table (set back five years) for payments other than lump sums.

Plan Provisions – Liverpool Plant Benefits

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. The Liverpool plant was closed in 2009.

Plan eligibility

Age	Attained age 21.
Service	1,000 hours of service.
Class	Hourly paid employees of the Liverpool Plant represented by International Union, United Automotive, Aerospace and Agricultural Workers of America, Local No.1619.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	\$19.00 multiplied by all accrual service, prior to May 1, 2001. \$21.00 multiplied by all accrual service, effective May 1, 2001. \$23.00 multiplied by all accrual service, effective August 26, 2002. \$25.00 multiplied by all accrual service, effective August 25, 2003. \$28.00 multiplied by all accrual service, effective August 23, 2004 A participant who retires on or after May 1, 2001 will have his retirement benefit adjusted throughout the term of the collective bargaining agreement that ends August 22, 2004 for the increase in the benefit multiplier, on a prospective basis.

Early retirement benefit

Age	Attained age 55.
Service	Five years of vesting service
Form	Same as normal retirement benefit.
Amount	Accrued benefit reduced 6 2/3% for each year up to five and 4 1/3% for each year between five and ten that the early retirement date precedes normal retirement date.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on late retirement date

Schedule SB, Part V - Summary of Plan Provisions
SHILOH INDUSTRIES, INC. RETIREMENT PLAN
EIN 34-1901339 Plan No. 010

Termination benefit

Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit

Survivor annuity death benefit

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Definitions

Accrual service	Years and months (rounded to the nearest month) of service from the plan entry date.
Vesting service	Years and fractional parts of a year (to two decimal places) of service from the date of employment.
Optional forms of benefit payments	Monthly annuity payable for life Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75, or 100.
Optional forms conversion basis	The optional form conversion basis is 5.5% interest and the mortality table located in Appendix A of the plan document for payments other than lump sums.

Plan Provisions – Parma Plant Benefits

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. The Parma plant was closed in 2000.

Plan eligibility

Age	Attained age 21.
Service	1,000 hours of service.
Class	Hourly paid employees of the Parma Plant covered by the bargaining agreement.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	\$21.00 multiplied by all accrual service, effective May 8, 2000. \$23.00 multiplied by all accrual service, effective May 7, 2001. \$25.00 multiplied by all accrual service, effective May 6, 2002. \$28.00 multiplied by all accrual service, effective May 5, 2003 A participant who retires on or after May 8, 2000 will have his retirement benefit adjusted for the benefit multiplier increase, on a prospective basis.

Early retirement benefit

Age	Attained age 55.
Service	Five years of vesting service
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced 6 2/3% for each year up to five and 4 1/3% for each year between five and ten that the early retirement date precedes normal retirement date.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on late retirement date or the accrued benefit on normal retirement date, actuarially increased to late retirement date.

Schedule SB, Part V - Summary of Plan Provisions
 SHILOH INDUSTRIES, INC. RETIREMENT PLAN
 EIN 34-1901339 Plan No. 010

Termination benefit

Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit

Survivor annuity death benefit

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Definitions

Accrual service	Years and months (rounded to the nearest month) of service from the plan entry date.
Vesting service	Years and months (rounded to the nearest month) of service from the date of employment.
Optional forms of benefit payments	The optional forms of benefit payments are: Monthly annuity payable for life. Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75, or 100. The optional form conversion basis is 5.5% interest and the mortality table located in Appendix A of the plan document for payments other than lump sums.

Plan Provisions – Cash Balance Benefits

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. Cash balance accruals were frozen in 2007.

Plan eligibility

Age	Attained age 18.
Class	Employees who are not members of a collective bargaining agreement, a nonresident alien or a leased employee
Entry date	The earliest quarterly date on which an employee meets the eligibility requirements

Normal retirement benefit

Age	Attained age 65 with 5 years of plan participation.
Form	Monthly annuity payable for ten years and life thereafter (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	The greater of a) and b): a) Accrued benefit as of December 31, 1999. b) The quotient of 1) divided by 2): 1) Cash Balance Account as of normal retirement date with interest. 2) Applicable rate for \$1 of monthly retirement benefit on the normal form based on normal retirement age. Minimum cash benefit is Cash Balance Account.

Cash balance account

The sum of a) and b):

- a) A participant's opening balance, if any.
- b) A participant's pay credit for each year beginning on and after January 1, 2000 in which credited with 1,000 of accrual service.

After January 31, 2007, no additional pay credits shall be credited. If a participant is credited with 1,000 hours of service from November 1, 2006 through October 31, 2007, a pay credit for the quarter ending January 31, 2007 was accrued.

Schedule SB, Part V - Summary of Plan Provisions
SHILOH INDUSTRIES, INC. RETIREMENT PLAN
EIN 34-1901339 Plan No. 010

Early retirement benefit

Age	Attained age 55.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced to reflect the fact that early retirement date precedes normal retirement date but not less than the cash balance account. Minimum cash benefit is Cash Balance Account.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	The greater of the accrued benefit on late retirement date and the actuarial equivalent of the accrued benefit on December 31, 1999.

Termination benefit

Vesting percentage	20% after two years of vesting service plus 40% after three years plus 67% after four years and 100% after five years.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage. On and after November 1, 2002 the participant may elect to take receive a single sum payment equal to the present value of the deferred monthly retirement benefit payable at normal retirement date under the normal form

Disability benefit

Eligibility	Qualified for disability benefits under the Federal Social Security Act.
Form	Monthly income payable or a lump sum payment payable immediately.
Amount	Actuarial equivalent of the accrued benefit on date of disability.

Survivor annuity death benefit

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Lump sum death benefit

On and after November 1, 2002 an active participant may receive a single sum death benefit equal to the present value of the accrued benefit as of the date of death.
The minimum cash benefit is the Cash Balance Account.

Definitions

Compensation	Total amount paid to an employee, including overtime and bonuses.
Pay credit	After January 31, 2007, no additional pay credits shall be credited. Prior to that, pay credits were as follows: The sum of 4% of compensation plus 4% of compensation in excess of the Taxable Wage Base for the calendar year ending within the plan year, beginning with the plan year ending October 31, 2000. Active participants as of October 31, 1999 who had reached age 40 on October 31, 1999 shall receive an additional pay credit of 3% of compensation for each plan year beginning on and after November 1, 1999 and ending on October 31, 2009. Active participants as of October 31, 1999 who had reached age 50 on October 31, 1999 shall receive an additional pay credit of 5% of compensation for each plan year beginning on and after November 1, 1999 and ending on October 31, 2009. Active participants as of October 31, 1999 who had reached age 60 on October 31, 1999 shall receive an additional pay credit of 7% of compensation for each plan year beginning on and after November 1, 1999 and ending on October 31, 2009.
Conversion basis	Before November 1, 2002, 6% interest and 71 GAM blended mortality. On and after November 1, 2002, 417(e) applicable interest and mortality.
Interest credit rate	Rate of interest on 30-year Treasury securities in effect for the second calendar month preceding the first day of the plan year for which the rate will be used.

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule SB, Line 32 - Schedule of Amortization Bases
SHILOH INDUSTRIES, INC. RETIREMENT PLAN
EIN 34-1901339 Plan No. 010

Shortfall

Date created	Present value	Remaining years	Annual charge
11/01/2018	\$876,850	7	\$143,146
11/01/2017	448,690	6	83,073
Total	\$1,325,540		\$226,219

Last year's total shortfall annual charge was \$83,073.

The total annual charge used in calculating your annual cost can't be less than zero.

Waiver charges represent your repayment to the plan for an annual charge that was not funded. A waiver only exists once the Internal Revenue Service has granted approval. See Waivers in Rules and regulations.

Waiver

Date created	Present value	Remaining years	Annual charge
N/A	N/A	N/A	N/A

There are no waiver bases for the current year.

Schedule SB, Line 24 – Change in Actuarial Assumptions
SHILOH INDUSTRIES, INC. RETIREMENT PLAN
EIN 34-1901339 Plan No. 010

Certain non-prescribed assumptions have been changed since last year. These assumptions were changed to better reflect the anticipated experience of your plan. See the attachment, Part V – Statement of Actuarial Assumptions/Methods, for the rationale for each assumption.

The inflation assumption has increased from 2.00% to 2.25%.

Schedule SB, Line 39 – Explanation of Unpaid minimum required contribution for current year
SHILOH INDUSTRIES, INC. RETIREMENT PLAN
EIN 34-1901339 Plan No. 010

The Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 allows sponsors of single-employer pension plans to delay any contributions otherwise due during 2020 to 01/01/2021. Since the due date for the Form 5500 filing was prior to 01/01/2021, the Schedule SB shows an unpaid minimum required contribution.

The Form 5500 filing will be amended with a new Schedule SB if/when the final contribution is made.