

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>11/01/2019</u> and ending <u>10/31/2020</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>	
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>		1c Effective date of plan <u>11/01/1999</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.	08/16/2021	PEGGY WILLIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/16/2021	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 (2019)
v. 190130

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 1142
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 567 6c 487 6d 1054 6e 62 6f 1116 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

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020	
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

(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	1116	11/01/2019	10/31/2020

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 7649	(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 ST STE 1H50 FORT WAYNE, IN 46802-3506

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7649	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	15275221

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020

► **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>2019</u>		
2	Assets:		
	a Market value	2a	<u>68826005</u>
	b Actuarial value	2b	<u>67405034</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>620</u>	<u>40451833</u>
	b For terminated vested participants.....	<u>711</u>	<u>24329279</u>
	c For active participants	<u>219</u>	<u>4760600</u>
	d Total.....	<u>1550</u>	<u>69541712</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>5.47</u> %
6	Target normal cost.....	6	<u>920000</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	Signature of actuary Type or print name of actuary Firm name Address of the firm	<u>08/10/2021</u> Date <u>20-07075</u> Most recent enrollment number <u>412-394-6324</u> Telephone number (including area code)
	Address of the firm	

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

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

Schedule SB (Form 5500) 2019 v. 190130

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	264013
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	264013
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>12.10</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		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>5.64</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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	96.92 %
15 Adjusted funding target attainment percentage	15	96.92 %
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	98.04 %
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
02/13/2020	299055	0			
Totals ▶			18(b)	299055	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	278709
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ 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:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 352240**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 278709**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 73531**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 920000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 2136678 Installment 384473**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** 1304473

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

36 Additional cash requirement (line 34 minus line 35) **36** 1304473**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 1304473**40** Unpaid minimum required contributions for all years **40** 1378004**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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020		
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)

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	262780	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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 ☒	26343	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	26343

(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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020

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)
---------------	--

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>847886</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>4255257</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>703615</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>2637458</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>2122520</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE FIX INC 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>2032692</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>2675794</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **WESTERN ASSET COR BD PL R1 FD**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST, N.A**

c EIN-PN 82-4391232-374	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5319793
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020		
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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	218769	0
	(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)	0	5319793
	(10) Value of interest in pooled separate accounts	1c(10)	14947196	15275221
	(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)	53660499	47451213
	(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	68826464	68046227

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	68826464	68046227
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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)	299055	
(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)		299055
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)	1113276	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1113276
(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)		1426913
(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)		2017846
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		4857090

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4720925	
(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)		4720925
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)	262780	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	653622	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		916402
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5637327

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-780237
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) ☐ Unmodified (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: **FRAZIER AND DEETER, LLC**

(2) EIN: **58-1433845**

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?	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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
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 4295522. (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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020		
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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
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 1
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☒ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☒ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

SHILOH INDUSTRIES, INC. RETIREMENT PLAN
FINANCIAL STATEMENTS - LIQUIDATION BASIS
OCTOBER 31, 2020 AND 2019

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Table of Contents

October 31, 2020 and 2019

	<u>Page</u>
Independent Auditors' Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits, October 31, 2020 (Liquidation Basis) and 2019 (Going Concern Basis)	3
Statements of Changes in Net Assets Available for Benefits, For the Years Ended October 31, 2020 (Liquidation Basis) and 2019 (Going Concern Basis)	4
Notes to Financial Statements	5 - 19
Supplemental Information:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year), October 31, 2020	20
Schedule H, Line 4j - Schedule of Reportable Transactions, For the Year Ended October 31, 2020	21

INDEPENDENT AUDITORS' REPORT

SHL Debtor Liquidating Trust for
Shiloh Industries, Inc. Retirement Plan
Atlanta, Georgia

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 statement of net assets available for benefits of the as of October 31, 2020 (Liquidation Basis), and the related statement of changes in net assets available for benefits for the year ended October 31, 2020 (Liquidation Basis) 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.

Auditors' 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 7, which was certified by Principal Trust Company (Principal), except for comparing such information with the related information included in the 2020 financial statements. We have been informed by the plan administrator that Principal holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Principal as of and for the year ended October 31, 2020, that the information provided to the plan administrator by Principal 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 on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements.

Emphasis of Matter

As discussed in Note 1 to the financial statements, the governing body of the Plan approved a plan of liquidation as of October 31, 2020, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2019 financial statements to the liquidation basis used in presenting the 2020 financial statements. Our opinion is not modified with respect to this matter.

Other Matter - Supplemental Schedule

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2020, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended October 31, 2020, are required by the Department of Labor's 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.

Other Matter - 2019 Financial Statements

The financial statements of the Plan as of October 31, 2019 were audited by predecessor auditors. 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 the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated August 17, 2019, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were 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.

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

The form and content of the information included in the 2020 financial statements and supplemental schedules, other than that derived from the information certified by Principal, 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.

Frazier + Decker, LLC

August 13, 2021
Atlanta, Georgia

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Statements of Net Assets Available for Benefits

	<u>October 31,</u>	
	<u>2020</u>	<u>2019 (Going</u>
	<u>(Liquidation</u>	<u>Concern Basis)</u>
	<u>Basis)</u>	
Assets:		
Investments, at fair value		
Mutual funds	\$ 47,451,213	\$ 53,660,499
Pooled separate accounts	15,275,221	14,947,196
Common/collective trust	<u>5,319,793</u>	<u>-</u>
Total investments at fair value	68,046,227	68,607,695
Employer contributions receivable	<u>53,183</u>	<u>571,009</u>
Net Assets Available for Benefits	<u>\$ 68,099,410</u>	<u>\$ 69,178,704</u>

See notes to financial statements.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

	<i>For the Year Ended October 31,</i>	
	<i>2020</i>	<i>2019 (Going</i>
	<i>(Liquidation</i>	<i>Concern Basis)</i>
	<i>Basis)</i>	
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 3,444,757	\$ 6,308,050
Dividends and interest	<u>1,113,276</u>	<u>1,331,713</u>
Total investment income	4,558,033	7,639,763
Employer contributions	<u>-</u>	<u>957,698</u>
Total additions	<u>4,558,033</u>	<u>8,597,461</u>
Deductions from net assets attributed to:		
Benefits paid to participants	4,720,925	5,061,785
Administrative expenses	<u>916,402</u>	<u>967,963</u>
Total deductions	<u>5,637,327</u>	<u>6,029,748</u>
Net (decrease) increase	(1,079,294)	2,567,713
Net Assets Available for Benefits:		
Beginning of year	<u>69,178,704</u>	<u>66,610,991</u>
End of year	<u>\$ 68,099,410</u>	<u>\$ 69,178,704</u>

See notes to financial statements.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements

October 31, 2020 and 2019

Note 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 document for a more complete description of the Plan's provisions.

Effective November 1, 2019, 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.

On August 30, 2020, SHL Liquidation Industries Inc. (f/k/a Shiloh Industries, Inc.) and 18 domestic subsidiaries (collectively, the Debtors), including the Plan Sponsor, each filed a voluntary petition for relief under Chapter 11 of the United States Bankruptcy Code in the United States Bankruptcy Court for the District of Delaware (the Court). On May 7, 2021 an order (the Confirmation Order) was entered by the Court confirming and approving the Second Amended Joint Plan of Liquidation of SHL Liquidation Industries, Inc. and Its Debtor Affiliates (the Plan of Liquidation). On June 4, 2021 all conditions precedent to the effectiveness of the Plan of Liquidation were completed or waived and on this date (the Effective Date) the further administration of the Debtors and their estates were vested with the SHL Debtor Liquidating Trust overseen by Anna Phillips as the Liquidating Trustee of such trust.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Shiloh Industries, Inc. (Shiloh Industries, the Company) who were hourly employees at the Parma Manufacturing and Liverpool Manufacturing plants, 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

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 1 - Description of plan - continued:

General - continued

applicable collective bargaining agreement between the Company and the United Steel Workers of America Union, Local 7679. The restated Plan agreement was effective November 1, 2014. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective November 6, 2020 the Plan was terminated. As provided in the Agreement for Appointment of Trustee and Termination of Plan, effective November 16, 2020 the Pension Benefit Guaranty Corporation (PBGC) is now statutory trustee of the Plan. The PBGC is a wholly owned United States government corporation that administers the pension plan insurance termination program established by Title IV of ERISA 29 U.S.C. §§ 1301-1461. When a covered pension plan terminates, the PBGC insures that the plan's participants and their beneficiaries receive all plan benefits guaranteed under ERISA. On the date that the Trusteeship Agreement became effective, all records pertaining to the administration of the Plan became subject to the Privacy Act pursuant to 5 U.S.C. § 552a ("Privacy Act"). As of November 16, 2020 no new retirees or beneficiaries will be put into pay status. The PBGC has assumed that responsibility and will use PBGC applications to process new retirements. All Plan assets and Plan records will be transferred to and be under the control of the PBGC.

Pension benefits and vesting

Employees who have attained the normal retirement age of 65 are 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.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 1 - Description of plan - continued:

Pension benefits and vesting- continued

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, U.S.W.A. 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.

Upon appointment of the PBGC as a trustee of the plan, effective November 16, 2020, no lump sum payments or placement of new retirees or beneficiaries into pay status were to be made by the Company.

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. U.S.W.A. 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 - Continued

October 31, 2020 and 2019

Note 1 - Description of plan - continued:

Contributions and funding policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary sufficient to meet the Plan's minimum funding requirements. The Plan failed to meet the minimum funding requirement for the years ended October 31, 2020 and 2019. Effective November 16, 2020 the PBGC took over as statutory trustee for the Plan.

Note 2 - Summary of significant accounting policies:

Basis of accounting

The financial statements of the Plan are prepared on the liquidation basis in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Plan has changed its basis from the going concern basis used in presenting the 2019 financial statements to the liquidation basis used in presenting the 2020 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 determined the Plan's valuation policies utilizing information provided by the investment advisors and Principal Trust Company (Principal).

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of the 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.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 2 - Summary of significant accounting policies - continued:

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP 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 at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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 estimation and assumption 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.

New accounting pronouncements

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820) Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement* (ASU 2018-13). ASU 2018-13 changes the fair value measurement disclosure requirements of Accounting Standards Codification 820, *Fair Value Measurement* (ASC 820). Applicability of the provisions in ASU 2018-13 can depend on whether the reporting entity is a non-public entity. New disclosure requirements under ASU 2018-13 are applicable only to other than non-public entities and not applicable to this Plan. Eliminated and modified disclosure requirements under ASU 2018-13 impact the reporting of transfers between Level 1 and Level 2 assets (defined in Note 3), Level 3 asset disclosures, and disclosures about investments in certain entities valued at net asset value. ASU 2018-13 is effective for all entities for fiscal years beginning after December 15, 2019. Early adoption is permitted. Entities early adopting are permitted to early adopt the eliminated or modified disclosure requirements and delay the adoption of all new disclosure requirements until the effective date. Retrospective or prospective application to periods presented varies by specified

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 2 - Summary of significant accounting policies - continued:

New accounting pronouncements - continued

disclosure. Management has not elected to early adopt ASU 2018-13 as of October 31, 2020. Management does not believe the adoption of ASU 2018-13 will have a material impact on the Plan's financial statements.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses, including PBGC premiums and other expenses, incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Effects of COVID-19

In March 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a pandemic. There have been mandates from international, federal, state, and local authorities requiring forced closures of various schools, businesses, and other facilities and organizations. The Plan Sponsor understands that these forced closures could negatively impact the Plan. The COVID-19 pandemic remains a rapidly evolving situation and at this time the Plan Sponsor cannot estimate the related impact to the Plan. The extent of the impact of COVID-19 on the Plan and financial results will depend on future developments, including the duration and spread of the outbreak within the markets in which the Plan Sponsor operates, government actions and programs, and the related impact on consumer confidence and spending, all of which are highly uncertain.

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.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 2 - Summary of significant accounting policies - continued:

Subsequent events

The Plan has evaluated subsequent events through August 13, 2021, which is the date these financial statements were available to be issued. All subsequent events, if any, requiring recognition as of October 31, 2020, have been incorporated into these financial statements.

Note 3 - Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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 to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 3 - Fair value measurements - continued:

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no significant changes in the methodologies used at October 31, 2020 and 2019.

- Mutual funds are 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.
- The fair values of participation units held in pooled separate accounts are based on their NAV, as reported by the managers if the pooled separate accounts as supported by the unit price 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. Each pooled and 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.
- Units of participation in the common/collective trust fund are valued at NAV provided by the fund's trustee as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value daily without any redemption notice or restrictions.

The methodologies 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 methodologies 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.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 3 - Fair value measurements - continued:

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2020 and 2019:

	Assets at Fair Value as of October 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 47,451,213	\$ -	\$ -	\$ 47,451,213
Total assets in the fair value hierarchy	<u>\$ 47,451,213</u>	<u>\$ -</u>	<u>\$ -</u>	47,451,213
Investments measured at net asset value:*				
Pooled Separate Accounts				15,275,221
Common/Collective Trust				<u>5,319,793</u>
Total investments at fair value				<u>\$ 68,046,227</u>

	Assets at Fair Value as of October 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 53,660,499	\$ -	\$ -	\$ 53,660,499
Total assets in the fair value hierarchy	<u>\$ 53,660,499</u>	<u>\$ -</u>	<u>\$ -</u>	53,660,499
Investments measured at net asset value:*				
Pooled Separate Accounts				<u>14,947,196</u>
Total investments at fair value				<u>\$ 68,607,695</u>

*In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

There were no significant transfers between Level 1 and Level 2 investments, or into or out of Level 3 investments, during the years ended October 31, 2020 and 2019.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 3 - Fair value measurements - continued:

The following tables summarize investments measured at fair value based on NAV per share as of October 31, 2020 and 2019:

<u>October 31, 2020</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts	\$ 15,275,221	None	Daily	Daily
Common/Collective Trust	\$ 5,319,793	None	Daily	Daily

<u>October 31, 2019</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts	\$ 14,947,196	None	Daily	Daily

Note 4 - Related-party transactions:

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Plan investments include shares of pooled separate accounts managed by Principal. These transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 5 - Actuarial present value of accumulated Plan benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service the employees have rendered to date. 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 payable under all circumstances: retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date. The effect of Plan amendments on accumulated plan benefits is recognized in the year in which such amendments become effective.

The actuarial present value of accumulated plan benefits is determined by an 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.

The actuarial present value of accumulated plan benefits as of October 31, 2019, is:

Vested benefits:

Participants and/or beneficiaries currently receiving benefits	\$ 37,853,343
Inactive participants	23,335,439
Active participants	<u>4,669,601</u>
Total vested benefits	65,858,383

Nonvested benefits	<u>-</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 65,858,383</u></u>
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SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 5 - Actuarial present value of accumulated Plan benefits - continued:

Changes in the actuarial present value of accumulated plan benefits for the 12 months ended October 31, 2019, are as follows:

Actuarial present value of accumulated plan benefits at October 31, 2018	\$ <u>67,080,810</u>
Increase (decrease) during the year attributable to:	
Increase for interest due to decrease in discount period	3,875,207
Benefits accumulated and plan experience	(35,849)
Benefits paid	<u>(5,061,785)</u>
Net decrease	<u>(1,222,427)</u>
Actuarial present value of accumulated plan benefits at October 31, 2019	\$ <u><u>65,858,383</u></u>

The significant actuarial assumptions used in the valuation as of October 31, 2019 are as follows:

- At October 31, 2019, the Pri-2012 total dataset mortality table projected generationally using the Principal Mortality Improvement Scale.
- Retirement age: At October 31, 2019, the assumed retirement age is 65.
- Cash balance assumption - 4.00% compounded annually.
- Discount rate: The assumed discount rate is 6% at October 31, 2019.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. As discussed in Note 1, the Plan has been frozen with regard to new participants and, for existing participants, future service credits were eliminated. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Also as disclosed in Note 1, effective November 6, 2020 the Plan was terminated and effective November 16, 2020 the PBGC took over as the statutory trustee of the Plan. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2020 and 2019. Had the valuations been performed as of October 31, there would be no material differences.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 6 - Plan termination:

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The Plan was terminated effective November 6, 2020.

Under the Single-Employer Pension Plan Amendments Act of 1986, the Plan can be terminated only in a standard termination or a distress termination (i.e., a termination prompted by a severe financial hardship leading to bankruptcy). Under standard termination, the Plan may terminate only if the Plan assets are sufficient to provide all "benefit commitments," which include all vested benefits under the Plan, including certain contingent benefits for which employees have not yet satisfied all the required conditions.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of 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 plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits guaranteed by the PBGC, a U.S. government agency, up to the applicable limitations (discussed below).
- All other vested benefits.
- All other nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's 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, which is adjusted periodically, on the amount of an 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 are actuarially adjusted downward.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 6 - Plan termination - continued:

Whether all participants receive their benefits, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Administrator and the level of benefits guaranteed by the PBGC.

Note 7 - Investments and information certified by Principal Trust Company:

Principal is the trustee for the Plan. Principal holds the Plan's investment assets and executes investment transactions. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at October 31, 2020 and 2019, and net appreciation in fair value of investments, interest and dividends for the year ended October 31, 2020 and 2019, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Principal.

Note 8 - Tax status:

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated September 24, 2015 stating that the form of the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and therefore, the related trust is tax-exempt. The Plan was subsequently amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires 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 upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan, and has concluded that, as of October 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

October 31, 2020 and 2019

Note 9 - Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	October 31,	
	2020	2019
Net assets available for benefits per the financial statements at fair value	\$ 68,099,410	\$ 69,178,704
Contribution receivable	(53,183)	(352,240)
Net assets available for benefits per the Form 5500 at fair value	<u>\$ 68,046,227</u>	<u>\$ 68,826,464</u>

The following is a reconciliation of contributions per the financial statements to the Form 5500:

Employer contributions per the financial statements	\$ -
Add 2020 contributions applied to 2019 receivable	299,055
Employer contributions per the Form 5500	<u>\$ 299,055</u>

SUPPLEMENTAL INFORMATION

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

EIN 22-3631006

Plan Number - 015

October 31, 2020

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturing Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual Funds:				
	AB Global Bond Fund Inc	Mutual Fund	\$ 2,107,608	\$ 2,131,778
	American Funds Fundamental Investors	Mutual Fund	2,415,784	2,676,058
	American Washington Mutual Investors Fund	Mutual Fund	3,428,653	3,363,362
	American New Perspective Fund	Mutual Fund	2,451,091	3,313,997
	American Funds - New World Fund	Mutual Fund	1,682,312	2,068,226
	BlackRock High Yield Bond Portfolio	Mutual Fund	1,371,193	1,417,311
	ClearBridge International Growth Fund	Mutual Fund	2,491,225	2,720,679
	DFA Inflation Protected Securities Portfolio	Mutual Fund	1,302,092	1,400,280
	DFA US Large Company Portfolio	Mutual Fund	1,352,775	1,988,344
	Fidelity Advisor International Capital Appreciation Fund	Mutual Fund	2,450,834	2,760,066
	Janus Henderson Multi-Sector Income Fund	Mutual Fund	1,459,914	1,428,009
	Janus Henderson Enterprise Fund	Mutual Fund	1,870,434	2,753,039
	JPMorgan Core Plus Bond Fund	Mutual Fund	4,730,707	4,950,978
	JPMorgan Small Cap Equity Fund	Mutual Fund	1,009,659	1,055,603
	PIMCO Income Fund	Mutual Fund	2,176,795	2,138,123
	Undiscovered Managers Behavioral Value Fund	Mutual Fund	2,088,513	1,819,665
	Vanguard Equity Income Fund	Mutual Fund	3,314,403	3,402,671
	Vanguard US Growth Fund	Mutual Fund	1,741,890	3,262,834
	Victory Sycamore Established Value Fund	Mutual Fund	2,671,308	2,800,190
		Total Mutual Funds	42,117,190	47,451,213
* Pooled Separate Accounts:				
*	Principal Capital Appreciation Separate Account	Pooled Separate Account	1,095,360	2,675,794
*	Principal Core Fixed Income Separate Account	Pooled Separate Account	1,967,769	2,032,692
*	Principal Largecap Growth I Separate Account	Pooled Separate Account	837,956	2,637,458
*	Principal Liquid Assets Money Market Separate Acct	Pooled Separate Account	847,799	847,885
*	Principal Smallcap Growth I Separate Acct	Pooled Separate Account	358,615	703,615
*	Principal Preferred Securities Separate Account	Pooled Separate Account	1,254,031	2,122,520
*	Principal U.S. Property Separate Account	Pooled Separate Account	(1,548,121)	4,255,257
		Total Pooled Separate Accounts	4,813,409	15,275,221
Common/Collective Trust:				
	Western Asset Core Plus Bond CIT	Common/Collective Trust	5,346,526	5,319,793
				<u>\$ 68,046,227</u>

*Indicates a party-in-interest to the Plan, as defined by ERISA.

Note: The above data is based upon information that has been certified as complete and accurate by Principal Trust Company, the trustee.

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

EIN 22-3631006

Plan Number - 015

For the Year Ended October 31, 2020

SCHEDULE H - LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Gain (Loss) on Transaction
* Principal Life Insurance Company	Principal Liquid Assets	\$ 3,487,558	\$ -	\$ 3,487,558	\$ 3,487,558	\$ -
* Principal Life Insurance Company	Principal Liquid Assets	\$ -	\$ 3,872,501	\$ 3,878,792	\$ 3,872,501	\$ 6,291
* Principal Life Insurance Company	Principal Core Fixed Income	\$ 4,011,756	\$ -	\$ 4,011,756	\$ 4,011,756	\$ -
* Principal Life Insurance Company	Principal Core Fixed Income	\$ -	\$ 3,837,607	\$ 4,001,852	\$ 3,837,607	\$ 164,245
Western Asset Management Co.	Western Asset Core Plus Bond CIT	\$ 4,979,356	\$ -	\$ 4,979,356	\$ 4,979,356	\$ -
Western Asset Management Co.	Western Asset Core Plus Bond CIT	\$ -	\$ 7,152,277	\$ 7,292,866	\$ 7,152,277	\$ 140,589
Western Asset Management Co.	Western Asset Mortgage Total R	\$ 195,314	\$ -	\$ 195,314	\$ 195,314	\$ -
Western Asset Management Co.	Western Asset Mortgage Total R	\$ -	\$ 4,159,706	\$ 3,962,125	\$ 4,159,706	\$ (197,581)
Western Asset Management Co.	Western Asset Core Plus Bond CIT	\$ 5,642,638	\$ -	\$ 5,642,638	\$ 5,642,638	\$ -
Western Asset Management Co.	Western Asset Core Plus Bond CIT	\$ -	\$ 296,024	\$ 295,936	\$ 296,024	\$ (88)

*Indicates a party-in-interest to the Plan, as defined by ERISA.

(a) Represents a transaction or series of transactions in securities of the same issue in excess of 5% of the Plan market value as of October 31, 2020.

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

SHILOH INDUSTRIES, INC. RETIREMENT PLAN

EIN 34 1901339
 PLAN NUMBER 010
 PLAN YEAR 11/01/2019 TO 10/31/2020

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts PRINCIPAL LIQUID ASSETS SEPARA	25		\$ 3,847,557.67		\$ 0.00
Pooled Separate Accounts PRINCIPAL LIQUID ASSETS SEPARA		36		\$ 3,872,501.12	\$ 6,291.45
Pooled Separate Accounts PRINCIPAL CORE FIXED INCOME SE	8		\$ 4,011,755.77		\$ 0.00
Pooled Separate Accounts PRINCIPAL CORE FIXED INCOME SE		12		\$ 3,837,606.69	\$ 164,245.17
Registered Investment Company WESTERN ASSET CORE PLUS BOND I	19		\$ 4,979,355.67		\$ 0.00
Registered Investment Company WESTERN ASSET CORE PLUS BOND I		50		\$ 7,152,276.83	\$ 140,589.03
Registered Investment Company WESTERN ASSET MORTGAGE TOTAL R	14		\$ 195,314.35		\$ 0.00
Registered Investment Company WESTERN ASSET MORTGAGE TOTAL R		4		\$ 4,159,706.40	\$ 197,581.03-
Common/Collective Trust WESTERN ASSET CORE BOND PLUS C	2		\$ 5,642,637.69		\$ 0.00
Common/Collective Trust WESTERN ASSET CORE BOND PLUS C		11		\$ 296,023.66	\$ 88.02-

* 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 11/01/2019 TO 10/31/2020

(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
	Alliance Bernstein	Registered Investment Company AB GLOBAL BOND Z FUND	\$ 2,107,607.55	\$ 2,131,777.96
	The American Funds	Registered Investment Company AM FDS FNDMTL INV R6 FUND	\$ 2,415,783.65	\$ 2,676,058.47
	The American Funds	Registered Investment Company AMERICAN FDS WSHMUT INV R6 FD	\$ 3,428,652.87	\$ 3,363,361.75
	The American Funds	Registered Investment Company AMERICAN FUNDS NEMPRSP R6 FND	\$ 2,451,090.51	\$ 3,313,997.44
	The American Funds	Registered Investment Company AMERICAN FUNDS NEWORLD R6	\$ 1,682,312.47	\$ 2,068,226.16
	BlackRock	Registered Investment Company BLACKROCK HIGH YLD BOND K FUND	\$ 1,371,192.64	\$ 1,417,310.61
	Legg Mason	Registered Investment Company CLEARBRIDGE INTL GRTH IS FD	\$ 2,491,225.44	\$ 2,720,679.13
	Dimensional Fund Advisors	Registered Investment Company DFA INFL PROTECTED SEC I FUND	\$ 1,302,091.95	\$ 1,400,280.14
	Dimensional Fund Advisors	Registered Investment Company DFA US LARGE COMPANY I FUND	\$ 1,352,775.27	\$ 1,988,344.06
	Fidelity Investments	Registered Investment Company FIDELITY ADV INTL CAP APP Z	\$ 2,450,834.48	\$ 2,760,065.61
	Janus Henderson	Registered Investment Company JANUS HEND MULT-SEC INC N FD	\$ 1,459,913.64	\$ 1,428,008.95
	Janus International Holding, LLC	Registered Investment Company JANUSHENDERSON ENTRPRS N	\$ 1,870,434.02	\$ 2,753,038.67
	JP Morgan Funds	Registered Investment Company JP MORGAN CORE PLUS BOND R6 FD	\$ 4,730,706.59	\$ 4,950,978.07
	JP Morgan Funds	Registered Investment Company JP MORGAN SM CAP EQUITY R6 FD	\$ 1,009,659.31	\$ 1,055,603.25
	PIMCO Funds	Registered Investment Company PIMCO INCOME INSTITUTIONAL FD	\$ 2,176,794.62	\$ 2,138,123.36

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 11/01/2019 TO 10/31/2020

(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
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN CAPITAL APPR SA-Z	\$ 1,095,360.35	\$ 2,675,793.70
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN CORE FIX INC SEP ACCT-Z	\$ 1,967,769.07	\$ 2,032,692.30
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LARGE CAP GROWTH I SA-Z	\$ 837,956.41	\$ 2,637,458.08
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LIQUID ASSETS SEP ACCT-Z	\$ 847,798.69	\$ 847,885.50
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP GROWTH I SEP ACCT-Z	\$ 358,615.41	\$ 703,615.06
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SPEC PREF CAP SEC INC PEM	\$ 1,254,030.56	\$ 2,122,520.13
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL U.S. PROPERTY SA-Z	\$ 1,548,121.36	\$ 4,255,256.50
	JP Morgan Funds	Registered Investment Company UNDISC MGRS BEHAV VALUE R6 FD	\$ 2,088,512.91	\$ 1,819,664.82
	Vanguard Group	Registered Investment Company VANGUARD EQUITY-INC ADM FUND	\$ 3,314,403.35	\$ 3,402,670.58
	Vanguard Group	Registered Investment Company VANGUARD US GROWTH ADMIRAL FD	\$ 1,741,890.27	\$ 3,262,833.76
	Victory Funds	Registered Investment Company VICTORY SYCAMORE EST VAL R6 FD	\$ 2,671,308.23	\$ 2,800,190.15
	Wilmington Trust, N.A	Common/Collective Trust WESTERN ASSET COR BD PL R1 FD	\$ 5,346,526.01	\$ 5,319,793.36

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 11/01/2019				
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.
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	1	0	0	0	0	0	0
35 to 39	0	0	0	3	3	1	0	0	0	0
40 to 44	0	0	2	3	10	11	0	0	0	0
45 to 49	0	0	0	2	13	11	8	0	0	0
50 to 54	0	0	0	3	7	20	9	11	0	0
55 to 59	0	0	0	4	13	11	7	8	3	3
60 to 64	0	0	0	0	8	14	10	7	0	2
65 to 69	0	0	0	1	3	3	1	1	0	1
70 & up	0	0	0	0	1	0	0	0	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	<u>During benefit payment period</u> IRS Prescribed Mortality - Static Annuitant, male and female.
	<u>Before benefit payment period</u> IRS Prescribed Mortality - Static Non-annuitant, male and female.

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 Pri-2012 Total dataset base rate mortality table projected generationally using the Principal Mortality Improvement Scale (Principal 2015-10). <u>Base rates</u> Before benefit payment period Employee amount-weighted, male and female During benefit payment period Retiree amount-weighted, male and female The Society of Actuaries is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe “Approach 1” is reasonable for this plan and has been selected due to data limitations in identifying contingent survivors. In addition, we believe beneficiary mortality isn’t materially different while both participants are alive.

Mortality improvement (MI)

Principal 2015-10 MI scale: this scale is based on MP-2019 study and model issued by SOA with the exception of the following user-selected assumptions:

- 10-year convergence period on age and cohort
- Long-term rates (LTR) assumptions using sex-distinct and age-based rates developed from Social Security Trustees Reports.

See Mortality Documentation for rationale and additional information.

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020

► **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>2019</u>		
2	Assets:		
	a Market value	2a	<u>68826005</u>
	b Actuarial value	2b	<u>67405034</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>620</u>	<u>40451833</u>
	b For terminated vested participants.....	<u>711</u>	<u>24329279</u>
	c For active participants	<u>219</u>	<u>4760600</u>
	d Total.....	<u>1550</u>	<u>69541712</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>5.47</u> %
6	Target normal cost.....	6	<u>920000</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	 Signature of actuary	<u>8/10/2021</u> 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	

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

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

**Schedule SB (Form 5500) 2019
v. 190130**

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	264013
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	264013
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>12.10</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		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>5.64</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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	96.92 %
15 Adjusted funding target attainment percentage	15	96.92 %
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	98.04 %
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
02/13/2020	299055	0			
Totals ▶			18(b)	299055	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	278709
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ 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:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 352240**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 278709**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 73531**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 920000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 2136678 Installment 384473**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** 1304473**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 1304473**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 1304473**40** Unpaid minimum required contributions for all years **40** 1378004**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 \$218,769 contributions received after the plan year end with a discounted value of \$218,310.

Schedule SB, Line 19 - Discounted Employer Contributions
 SHILOH INDUSTRIES, INC. RETIREMENT PLAN
 EIN 34-1901339 Plan No. 010

Contributions allocated toward unpaid minimum required contribution for prior years (Line 19a)

Date	Full Amount of Contribution by Employer	Interest Adjusted Amount of Contribution¹	Plan Year for Original Unpaid Amount	Applied to	Number of Days Late	Effective Interest Rate
02/13/2020	299,055	278,709	2018	Remaining AC		5.64%
2018 TOTAL	299,055	278,709	2018			

¹ Includes increased rate for late quarterly contribution (calculated using the Effective Interest Rate plus 5% for the number of days late).

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	202.2499	1.0000	202.2499	13,146.2406
66	4.0000	1.0000	4.0000	264.0000
67	4.0000	1.0000	4.0000	268.0000
68	1.0000	1.0000	1.0000	68.0000
69	0.0000	1.0000	0.0000	0.0000
70	1.0000	1.0000	1.0000	70.0000
Total			212.2499	13,816.2406
Average				65.09

Schedule SB, Line 28 - Explanation of Unpaid minimum required contribution for all years
SHILOH INDUSTRIES, INC. RETIREMENT PLAN
EIN 34-1901339 Plan No. 010

Unpaid Cost Established	Unpaid Cost on Date Established	Interest Rate
11/01/2018	\$352,240	5.64%

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 07/09/2018.

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.

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.

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

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.

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

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
11/01/2019	\$973,944	7	\$158,254
11/01/2018	776,258	6	143,146
11/01/2017	386,476	5	83,073
Total	\$2,136,678		\$384,473

Last year's total shortfall annual charge was \$226,219.

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.