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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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| Part I                                                                                                   | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                               |                                                                                                                   |  |                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                                                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                    |  |                                                                                                                                                                                                                |
| <b>1a</b> Name of plan                                                                                                                                                                                                                                        | <u>THYSSENKRUPP DEFINED BENEFIT PENSION PLAN NORTH AMERICA</u>                                                    |  | <b>1b</b> Three-digit plan number (PN) ▶ <u>003</u>                                                                                                                                                            |
|                                                                                                                                                                                                                                                               |                                                                                                                   |  | <b>1c</b> Effective date of plan<br><u>07/01/1969</u>                                                                                                                                                          |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | <u>THYSSENKRUPP NORTH AMERICA, LLC</u><br><br><u>9450 SW GEMINI DR, SUITE 28424</u><br><u>BEAVERTON, OR 97008</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>22-2393554</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>248-631-9493</u><br><br><b>2d</b> Business code (see instructions)<br><u>423500</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<br>HERE | Filed with authorized/valid electronic signature. | 10/12/2023 | KATHRYN LITTLETON                                            |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/12/2023 | JAMES ALLISON                                                |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>THYSSENKRUPP MATERIALS NA, INC<br><br>22355 WEST ELEVEN MILE ROAD<br>SOUTHFIELD, MI 48033                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>3b</b> Administrator's EIN<br>38-0445860<br><br><b>3c</b> Administrator's telephone number<br>248-233-5676                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>5</b> 914                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 129<br><b>6a(2)</b> 225<br><b>6b</b> 497<br><b>6c</b> 410<br><b>6d</b> 1132<br><b>6e</b> 168<br><b>6f</b> 1300<br><b>6g</b><br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THYSSENKRUPP DEFINED BENEFIT PENSION PLAN NORTH AMERICA</u>                                                   | <b>B</b> Three-digit plan number (PN) ▶ <u>003</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THYSSENKRUPP NORTH AMERICA, LLC</u>                        | <b>D</b> Employer Identification Number (EIN)<br><u>22-2393554</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>119179542</u>                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>116912180</u>                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>404</u> <u>41221987</u> <u>41221987</u>                                    |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>393</u> <u>20108686</u> <u>20108686</u>                                    |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>129</u> <u>32810780</u> <u>33497866</u>                                    |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>926</u> <u>94141453</u> <u>94828539</u>                                    |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</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 ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> <u>5.30</u> %                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> <u>0</u>                                                            |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>393184</u>                                                       |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>393184</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.

|                                                                                                 |  |                                        |
|-------------------------------------------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                                                                |  | <u>10/09/2023</u>                      |
| Signature of actuary                                                                            |  | Date                                   |
| <u>LAUREN PELLERITO</u>                                                                         |  | <u>23-06364</u>                        |
| Type or print name of actuary                                                                   |  | Most recent enrollment number          |
| <u>WILLIS TOWERS WATSON US LLC</u>                                                              |  | <u>248-936-7700</u>                    |
| Firm name                                                                                       |  | Telephone number (including area code) |
| <u>TRAVELERS TOWER</u><br><u>26555 EVERGREEN ROAD SUITE 1600</u><br><u>SOUTHFIELD, MI 48076</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) 2022**  
**v. 220413**

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                         |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 4162151               | 23180806               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 45489                 | 686527                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 4116662               | 22494279               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>4.62</u> % .....                                                                                | 239178                | 1140120                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.40</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 4355840               | 23634399               |

| Part III Funding Percentages                                                                                                                                              |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 93.77 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 123.28 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 92.72 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

|                                                                                                                                                                                             |            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                                                                         | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                                                                          | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....                                                                     | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                               |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
| 0                                                                                                                                                                                           | 0          | 0       |
|                                                                                                                                                                                             |            | (4) 4th |
|                                                                                                                                                                                             |            | 0       |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |  |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   |  | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years.....                                                             | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                   | <b>31a</b>          | 393184        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 3945804             | 382047        |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   |                     |               |
| <b>33</b> 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 ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                   | <b>34</b>           | 775231        |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 775231            | 0                   | 775231        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>           | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                   | <b>37</b>           | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                   | <b>38a</b>          | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   |                   | <b>40</b>           | 0             |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>THYSSENKRUPP DEFINED BENEFIT PENSION PLAN NORTH AMERICA                  | B Three-digit plan number (PN) ▶                     | 003 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THYSSENKRUPP NORTH AMERICA, LLC  | D Employer Identification Number (EIN)<br>22-2393554 |     |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 50               | NONE KNOWN                                                                                        | 158153                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SEYFARTH SHAW LLC

36-2152202

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE KNOWN                                                                                        | 90391                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NEPC, LLC

26-1429809

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 50                  | NONE KNOWN                                                                                        | 53543                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PLANTE & MORAN, PLLC

38-1357951

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE KNOWN                                                                                        | 53438                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THYSSENKRUPP NORTH AMERICA, LLC

22-2393554

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 50                  | EMPLOYER                                                                                          | 39846                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE BANK OF NEW YORK MELLON

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 21 50<br>59 62      | NONE KNOWN                                                                                        | 36727                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

AETNA LIFE INSURANCE COMPANY

06-6033492

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50 51<br>73 99      | NONE KNOWN                                                                                        | 8929                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ANLYN LTD.

38-2917942

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 38 50                  | NONE KNOWN                                                                                        | 5151                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2022 or fiscal plan year beginning <span style="margin-left: 20px;">01/01/2022</span> and ending <span style="margin-left: 20px;">12/31/2022</span>                                    |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>A</b> Name of plan<br>THYSSENKRUPP DEFINED BENEFIT PENSION PLAN NORTH AMERICA                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="margin-left: 20px;">►</span>                                                                                                                                              | 003                                                                                                                                                             |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>THYSSENKRUPP NORTH AMERICA, LLC                                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>D</b> Employer Identification Number (EIN)<br>22-2393554                                                                                                                                                   |                                                                                                                                                                                                                              |                                                                                                                                                                 |

**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)

|                                                                                    |                        |                                                                                                              |
|------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY MASTER TRUST UNIT            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, LLC  |                        |                                                                                                              |
| <b>c</b> EIN-PN 38-2535907-001                                                     | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIXED INCOME MASTER TRUST UNIT      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, LLC  |                        |                                                                                                              |
| <b>c</b> EIN-PN 38-2535907-002                                                     | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LDI LONG TERM TRS BD                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, LLC  |                        |                                                                                                              |
| <b>c</b> EIN-PN 38-2535907-002                                                     | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: OPPORTUNISTIC MASTER TRUST UNIT     |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, LLC  |                        |                                                                                                              |
| <b>c</b> EIN-PN 38-2535907-004                                                     | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TK CASH/S.T. BOND MASTER TRUST UNIT |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, LLC  |                        |                                                                                                              |
| <b>c</b> EIN-PN 38-2535907-005                                                     | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19262615 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LDI LONG CREDIT BD                  |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, LLC  |                        |                                                                                                              |
| <b>c</b> EIN-PN 38-2535907-003                                                     | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LDI INTERMEDIATE BD                 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, LLC  |                        |                                                                                                              |
| <b>c</b> EIN-PN 38-2535907-004                                                     | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TK LDI LONG TRS BD MASTER TRUST UNT

**b** Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, LLC

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-2535907-007 | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9712680 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TK LDI LONG CREDIT MASTER TRUST UNT

**b** Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, LLC

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-2535907-008 | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57800126 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TK LDI INTERMEDIATE MASTER

**b** Name of sponsor of entity listed in (a): THYSSENKRUPP NORTH AMERICA, LLC

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-2535907-009 | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38345334 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>THYSSENKRUPP DEFINED BENEFIT PENSION PLAN NORTH AMERICA</u>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>003</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THYSSENKRUPP NORTH AMERICA, LLC</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>22-2393554</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 274694                | 585741          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   | 118904848             | 125120755       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 119179542             | 125706496       |

**Liabilities**

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

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 119179542 | 125706496 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 6509       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 6509      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | -18823186 |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -18816677 |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 7675936    |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  |            |           |
| (3) Other .....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 7675936   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 338709     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  | 187901     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 526610    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 8202546   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -27019223 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            | 33546177  |
| (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** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **PLANTE & MORAN, PLLC**

(2) EIN: **38-1357951**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 484368.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>THYSSENKRUPP DEFINED BENEFIT PENSION PLAN NORTH AMERICA                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 003                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THYSSENKRUPP NORTH AMERICA, LLC                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>22-2393554                                            |
| 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):<br><br>EIN(s): 38-8535907                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 16                                                                                            |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

**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 \_\_\_\_\_

---

# thyssenkrupp North America, LLC

## Defined Benefit Plans

thyssenkrupp Defined Benefit Pension Plan North America  
Rotek Salaried and Florence Hourly Pension Plan  
Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees

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**Modified Cash Basis Financial Report**  
**December 31, 2022**

## **thyssenkrupp North America, LLC Defined Benefit Plans**

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## Independent Auditor's Report

To the Plan Administrator  
thyssenkrupp North America, LLC Defined Benefit Plans

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audits**

We have performed audits of the modified cash basis financial statements of thyssenkrupp Defined Benefit Pension Plan North America, Rotek Salaried and Florence Hourly Pension Plan, and Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees (collectively, the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2022 and 2021 and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended and the related notes to the modified cash basis financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plans' modified cash basis financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plans (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the years then ended stating that the certified investment information, as described in Note 4 to the modified cash basis financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section:

- The amounts and disclosures in the accompanying modified cash basis financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section of our report. We are required to be independent of the Plans and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

To the Plan Administrator  
thyssenkrupp North America, LLC Defined Benefit Plans

### ***Basis of Accounting***

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

### ***Emphasis of Matter***

As explained in Note 3 to the modified cash basis financial statements, effective December 31, 2022, approximately \$23,880,000 and \$9,670,000 of net assets available for benefits were transferred from the Rotek Salaried and Florence Hourly Pension Plan and the Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees, respectively, into the thyssenkrupp Defined Benefit Pension Plan North America. Our opinion has not been modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2 and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of modified cash basis financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audits does not affect management's responsibility for the financial statements.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plans; and determining that the Plans' transactions that are presented and disclosed in the modified cash basis financial statements are in conformity with the Plans' provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or that may become due to such participants.

### ***Auditor's Responsibilities for the Audits of the Financial Statements***

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Plans' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as a going concern for a reasonable period of time.

To the Plan Administrator  
thyssenkrupp North America, LLC Defined Benefit Plans

Our audits did not extend to the certified investment information except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

Accordingly, the objective of the ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

### ***Supplemental Schedules Required by ERISA***

The thyssenkrupp Defined Benefit Pension Plan North America supplemental schedule of assets held at end of year (modified cash basis) as of December 31, 2022 and the thyssenkrupp Defined Benefit Pension Plan North America supplemental schedule of reportable transactions (modified cash basis) for the year ended December 31, 2022 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules (modified cash basis), we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Plante & Moran, PLLC*

Clinton Township, Michigan  
September 29, 2023

## thyssenkrupp North America, LLC Defined Benefit Plans

### Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2022

|                                                                            | thyssenkrupp<br>Defined Benefit<br>Pension Plan<br>North America | Rotek Salaried<br>and Florence<br>Hourly Pension<br>Plan | Rotek<br>Incorporated<br>Pension Plan for<br>Aurora-Ravenna<br>Hourly Employees |
|----------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>Assets</b>                                                              |                                                                  |                                                          |                                                                                 |
| Investments at fair value:                                                 |                                                                  |                                                          |                                                                                 |
| Money market fund                                                          | \$ 585,741                                                       | \$ -                                                     | \$ -                                                                            |
| Investment in the thyssenkrupp North America, LLC Master<br>Trust (Note 6) | 125,120,755                                                      | -                                                        | -                                                                               |
| <b>Net Assets Available for Benefits</b>                                   | <b>\$ 125,706,496</b>                                            | <b>\$ -</b>                                              | <b>\$ -</b>                                                                     |

## thyssenkrupp North America, LLC Defined Benefit Plans

### Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2021

|                                                                            | thyssenkrupp<br>Defined Benefit<br>Pension Plan<br>North America | Rotek Salaried<br>and Florence<br>Hourly Pension<br>Plan | Rotek<br>Incorporated<br>Pension Plan for<br>Aurora-Ravenna<br>Hourly Employees |
|----------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>Assets</b>                                                              |                                                                  |                                                          |                                                                                 |
| Investments at fair value:                                                 |                                                                  |                                                          |                                                                                 |
| Money market fund                                                          | \$ 274,694                                                       | \$ -                                                     | \$ -                                                                            |
| Investment in the thyssenkrupp North America, LLC Master<br>Trust (Note 6) | 118,904,848                                                      | 30,216,421                                               | 12,883,972                                                                      |
| <b>Net Assets Available for Benefits</b>                                   | <b>\$ 119,179,542</b>                                            | <b>\$ 30,216,421</b>                                     | <b>\$ 12,883,972</b>                                                            |

## thyssenkrupp North America, LLC Defined Benefit Plans

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

Year Ended December 31, 2022

|                                                                                                                                       | thyssenkrupp<br>Defined Benefit<br>Pension Plan<br>North America | Rotek Salaried<br>and Florence<br>Hourly Pension<br>Plan | Rotek<br>Incorporated<br>Pension Plan for<br>Aurora-Ravenna<br>Hourly Employees |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>Additions</b>                                                                                                                      |                                                                  |                                                          |                                                                                 |
| Investment loss - Plan's share of the investment in the<br>thyssenkrupp North America, LLC Master Trust's investment<br>loss (Note 6) | \$ (18,823,186)                                                  | \$ (5,031,123)                                           | \$ (2,577,921)                                                                  |
| Other income                                                                                                                          | 6,509                                                            | -                                                        | -                                                                               |
| Total additions - Net                                                                                                                 | (18,816,677)                                                     | (5,031,123)                                              | (2,577,921)                                                                     |
| <b>Deductions</b>                                                                                                                     |                                                                  |                                                          |                                                                                 |
| Benefits paid directly to participants or beneficiaries                                                                               | 7,675,936                                                        | 1,219,795                                                | 585,233                                                                         |
| Administrative expenses                                                                                                               | 526,610                                                          | 87,785                                                   | 52,359                                                                          |
| Total deductions                                                                                                                      | 8,202,546                                                        | 1,307,580                                                | 637,592                                                                         |
| <b>Net Decrease before Other Changes</b>                                                                                              | (27,019,223)                                                     | (6,338,703)                                              | (3,215,513)                                                                     |
| <b>Transfers In</b> (Note 3)                                                                                                          | 33,546,177                                                       | -                                                        | -                                                                               |
| <b>Transfers Out</b> (Note 3)                                                                                                         | -                                                                | (23,877,718)                                             | (9,668,459)                                                                     |
| <b>Net Increase (Decrease)</b>                                                                                                        | 6,526,954                                                        | (30,216,421)                                             | (12,883,972)                                                                    |
| <b>Net Assets Available for Benefits</b>                                                                                              |                                                                  |                                                          |                                                                                 |
| Beginning of year                                                                                                                     | 119,179,542                                                      | 30,216,421                                               | 12,883,972                                                                      |
| End of year                                                                                                                           | <u>\$ 125,706,496</u>                                            | <u>\$ -</u>                                              | <u>\$ -</u>                                                                     |

See notes to modified cash basis financial  
statements.

## thyssenkrupp North America, LLC Defined Benefit Plans

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

Year Ended December 31, 2021

|                                                                                                                                                        | thyssenkrupp<br>Defined Benefit<br>Pension Plan<br>North America | Rotek Salaried<br>and Florence<br>Hourly Pension<br>Plan | Rotek<br>Incorporated<br>Pension Plan for<br>Aurora-Ravenna<br>Hourly Employees |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>Additions</b> - Investment income - Plan's share of the investment in the thyssenkrupp North America, LLC Master Trust's investment income (Note 6) | \$ 3,109,386                                                     | \$ 2,062,606                                             | \$ 522,720                                                                      |
| <b>Deductions</b>                                                                                                                                      |                                                                  |                                                          |                                                                                 |
| Benefits paid directly to participants or beneficiaries                                                                                                | 6,510,338                                                        | 1,166,440                                                | 591,424                                                                         |
| Administrative expenses                                                                                                                                | 298,103                                                          | 61,811                                                   | 36,545                                                                          |
| Total deductions                                                                                                                                       | 6,808,441                                                        | 1,228,251                                                | 627,969                                                                         |
| <b>Net (Decrease) Increase before Other Changes</b>                                                                                                    | (3,699,055)                                                      | 834,355                                                  | (105,249)                                                                       |
| <b>Transfers In</b> (Note 3)                                                                                                                           | 52,124,680                                                       | -                                                        | -                                                                               |
| <b>Net Increase (Decrease)</b>                                                                                                                         | 48,425,625                                                       | 834,355                                                  | (105,249)                                                                       |
| <b>Net Assets Available for Benefits</b>                                                                                                               |                                                                  |                                                          |                                                                                 |
| Beginning of year                                                                                                                                      | 70,753,917                                                       | 29,382,066                                               | 12,989,221                                                                      |
| End of year                                                                                                                                            | <u><u>\$ 119,179,542</u></u>                                     | <u><u>\$ 30,216,421</u></u>                              | <u><u>\$ 12,883,972</u></u>                                                     |

## thyssenkrupp North America, LLC Defined Benefit Plans

### Notes to Modified Cash Basis Financial Statements

December 31, 2022 and 2021

#### Note 1 - Plan Description

The following description of thyssenkrupp Defined Benefit Pension Plan North America (the "thyssenkrupp NA Plan"), Rotek Salaried and Florence Hourly Pension Plan (the "Rotek Salary and Florence Hourly Plan"), and Rotek Incorporated Pension Plan for Aurora-Ravenna Hourly Employees (the "Rotek Aurora Hourly Plan") (collectively, the "Plans") provides only general information. Participants should refer to each respective plan's legal documents for a more complete description of each plan's provisions.

As described in Note 3, effective December 31, 2021, ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan (the "TKIS Plan") and ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local 2128 (the "Crankshaft Plan") merged into the thyssenkrupp NA Plan. Effective December 31, 2022, the Rotek Salary and Florence Hourly Plan and the Rotek Aurora Hourly Plan merged into the thyssenkrupp NA Plan.

#### **General**

The Plans were adopted to provide a means by which eligible employees of certain divisions within thyssenkrupp North America, LLC (the "Company") are provided retirement benefits. Effective December 31, 2021, the Company acts as the sponsor of the thyssenkrupp NA Plan. Certain subsidiaries within the Company act as the sponsor of each remaining individual plan. The Plans are noncontributory defined benefit plans that are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

| Plan                                                               | Benefit Accrual<br>Freeze Date |
|--------------------------------------------------------------------|--------------------------------|
| thyssenkrupp NA Plan                                               | December 31, 2018              |
| thyssenkrupp NA Plan (Crankshaft<br>Plan former participants)      | September 30, 2010             |
| thyssenkrupp NA Plan (TKIS Plan<br>former participants)            | December 31, 2017              |
| Rotek Salary and Florence Hourly<br>Plan (salaried employees only) | December 31, 2018              |
| Rotek Salary and Florence Hourly<br>Plan (hourly employees only)   | March 31, 2021                 |
| Rotek Aurora Hourly Plan                                           | January 1, 2019                |

#### **Eligibility and Vesting**

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

#### **Pension Benefits**

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

## **Notes to Modified Cash Basis Financial Statements**

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**December 31, 2022 and 2021**

### **Note 1 - Plan Description (Continued)**

#### ***Death Benefits***

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

#### ***Funding Policy***

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

Previously, the former TKIS Plan was further supported by employee contributions. Neither the plan sponsor's contributions nor the plan's assets were allocated for the accounts of individuals; however, records of individual employee contributions were maintained. Prior to January 1, 2006, participants were required to contribute 2.25 percent of their monthly compensation. Participants are fully and immediately vested in these contributions. Present employees' accumulated contributions at December 31, 2022 and 2021 were \$495,639 and \$539,287, respectively, including interest credited at rates of 4.62 percent and 1.57 percent in 2022 and 2021, respectively, compounded annually. Beginning on January 1, 2006, employee contributions are no longer allowed.

### **Note 2 - Summary of Significant Accounting Policies**

#### ***Basis of Accounting***

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

#### ***Investment Valuation***

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

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

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

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

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

## **Notes to Modified Cash Basis Financial Statements**

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**December 31, 2022 and 2021**

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

All other investments are valued based on quoted market prices reported in active markets. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. See Note 7 for additional information.

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

#### ***Actuarial Present Value of Accumulated Plan Benefits***

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

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

#### ***Actuarial Assumptions***

The actuarial present value of accumulated plan benefits is determined by the independent actuary, Willis Towers Watson, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts and interest) and probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The determinations were made as of January 1, 2022.

The significant actuarial assumptions underlying the actuarial computations at January 1, 2022 are as follows:

#### **thyssenkrupp NA Plan**

- Actuarial cost method: Projected unit cost method
- Interest rate: 5.00 percent
- Mortality basis (Materials salary participants and TKIS participants): RP-2014 white collar mortality rates at 2012, increased by 8.50 percent and based on employee rates for nonannuitants and annuitant rates for those in payment
- Mortality basis (Materials hourly participants and Crankshaft participants): RP-2014 blue collar mortality rates at 2011, increased by 10.90 percent and based on employee rates for nonannuitants and annuitant rates for those in payment

#### **Rotek Aurora Hourly Plan**

- Actuarial cost method: Projected unit cost method
- Interest rate: 4.30 percent
- Mortality basis: RP-2014 blue collar mortality rates at 2011, increased by 10.90 percent and based on employee rates for nonannuitants and annuitant rates for those in payment

## **Notes to Modified Cash Basis Financial Statements**

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**December 31, 2022 and 2021**

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

#### **Rotek Salary and Florence Hourly Plan**

- Actuarial cost method: Projected unit cost method
- Interest rate: 4.20 percent
- Mortality basis (salary participants): RP-2014 white collar mortality rates at 2012, increased by 8.50 percent and based on employee rates for nonannuitants and annuitant rates for those in payment
- Mortality basis (hourly participants): RP-2014 blue collar mortality rates at 2011, increased by 10.90 percent and based on employee rates for nonannuitants and annuitant rates for those in payment

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

#### **Benefit Payments**

Benefits are recorded when paid.

There were no lump-sum payment options offered by the Plans during 2022 and 2021.

#### **Administrative Expenses**

Various administrative expenses associated with the Plans were paid by the Company and its affiliates during the years ended December 31, 2022 and 2021.

#### **Risks and Uncertainties**

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

#### **Use of Estimates**

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

#### **Subsequent Events**

The financial statements and related disclosures include evaluation of events up through and including September 29, 2023, which is the date the financial statements were available to be issued.

Subsequent to December 31, 2022, the thyssenkrupp NA Plan was amended to allow for a special one-time election in 2023 for immediate payment of certain vested benefits. Approximately 240 participants elected to receive immediate payment of their vested benefits, which resulted in benefit payments of approximately \$21.1 million.

## thyssenkrupp North America, LLC Defined Benefit Plans

### Notes to Modified Cash Basis Financial Statements

December 31, 2022 and 2021

#### Note 3 - Plan Mergers

Effective December 31, 2022, the Rotek Salary and Florence Hourly Plan and the Rotek Aurora Hourly Plan merged into the thyssenkrupp NA plan pursuant to the terms of the plans' amendments. Accordingly, Rotek Salary and Florence Hourly Plan and Rotek Aurora Hourly Plan assets of approximately \$23,880,000 and \$9,670,000, respectively, and participant accumulated plan benefits of approximately \$22,480,000 and \$9,420,000, respectively, were transferred into the thyssenkrupp NA Plan on this date.

Effective December 31, 2021, the TKIS Plan and the Crankshaft Plan merged into the thyssenkrupp NA Plan pursuant to the terms of the plans' amendments. Accordingly, TKIS Plan and Crankshaft Plan assets of approximately \$37,010,000 and \$15,110,000, respectively, and participant accumulated plan benefits of approximately \$26,810,000 and \$13,260,000, respectively, were transferred into the thyssenkrupp NA Plan on this date.

#### Note 4 - Certified Information

The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee") holds the Master Trust's investments and executes all investment transactions. The investment balances and related investment results included in the accompanying modified cash basis financial statements, including master trust information summarized in Note 6, are based solely on information certified by the Trustee.

Certain assets of the Master Trust are in investment funds managed by The Bank of New York Mellon/BNY Mellon, N.A. or its affiliates. Since The Bank of New York Mellon/BNY Mellon, N.A. is the Trustee of the Plans, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. The market value of these investments was approximately \$8,900,000 and \$23,000,000 at December 31, 2022 and 2021, respectively.

Aetna Life Insurance Company (Aetna) was the paying agent on behalf of the former TKIS Plan. Subsequent to the TKIS Plan merger into the thyssenkrupp NA Plan, as described in Note 3, Aetna continues to be the paying agent for all legacy TKIS participants. Certain investments of the thyssenkrupp NA Plan are managed by Aetna. As the paying agent, Aetna is a party in interest to the thyssenkrupp NA Plan.

#### Note 5 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the independent actuary, Willis Towers Watson. The actuarial present value of accumulated plan benefits as of January 1, 2022 was as follows:

|                                                            | thyssenkrupp<br>NA Plan | Rotek Salary<br>and Florence<br>Hourly Plan | Rotek Aurora<br>Hourly Plan |
|------------------------------------------------------------|-------------------------|---------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits:      |                         |                                             |                             |
| Vested benefits:                                           |                         |                                             |                             |
| Participants currently receiving benefit payments          | \$ 42,882,066           | \$ 14,374,138                               | \$ 7,028,340                |
| Other vested participants                                  | 55,024,707              | 10,711,154                                  | 2,975,184                   |
| Total vested benefits                                      | 97,906,773              | 25,085,292                                  | 10,003,524                  |
| Nonvested benefits                                         | 693,070                 | 1,056,306                                   | 551,406                     |
| Total actuarial present value of accumulated plan benefits | <u>\$ 98,599,843</u>    | <u>\$ 26,141,598</u>                        | <u>\$ 10,554,930</u>        |

## thyssenkrupp North America, LLC Defined Benefit Plans

# Notes to Modified Cash Basis Financial Statements

December 31, 2022 and 2021

### Note 5 - Accumulated Plan Benefits (Continued)

The following schedule summarizes the components of the change in actuarial present value of accumulated plan benefits for the year ended January 1, 2022:

|                                                                             | thyssenkrupp<br>NA Plan | Rotek Salary<br>and Florence<br>Hourly Plan | Rotek Aurora<br>Hourly Plan |
|-----------------------------------------------------------------------------|-------------------------|---------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits -<br>Beginning of year | \$ 58,448,752           | \$ 22,446,444                               | \$ 9,840,394                |
| Increase (decrease) during the year attributable to:                        |                         |                                             |                             |
| Benefits accumulated, including actuarial gains<br>and losses               | 1,868,149               | 19,293                                      | 31,307                      |
| Interest due to the decrease in the discount period                         | 2,870,065               | 1,213,762                                   | 477,234                     |
| Benefits paid                                                               | (6,510,338)             | (1,166,440)                                 | (591,424)                   |
| Change of assumptions                                                       | 1,853,425               | 3,628,539                                   | 797,419                     |
| Transfers from TKIS and Crankshaft Plans                                    | 40,069,790              | -                                           | -                           |
| Net increase                                                                | 40,151,091              | 3,695,154                                   | 714,536                     |
| Actuarial present value of accumulated plan benefits -<br>End of year       | <u>\$ 98,599,843</u>    | <u>\$ 26,141,598</u>                        | <u>\$ 10,554,930</u>        |

During the year ended January 1, 2022, the changes in actuarial assumptions to better reflect anticipated plan experience relate to the following:

- thyssenkrupp NA Plan: Increased by \$1,853,425 as a result of a decrease in the discount rate from 5.20 to 5.00 percent
- Rotek Salary and Florence Hourly Plan: Increased by \$3,628,539 as a result of a decrease in the discount rate from 5.50 to 4.20 percent
- Rotek Aurora Hourly Plan: Increased by \$797,419 as a result of a decrease in the discount rate from 5.00 to 4.30 percent

The effects of the 2022 plan mergers described in Note 3 are not reflected in the calculation of the Rotek Salary and Florence Hourly Plan, Rotek Aurora Hourly Plan, or thyssenkrupp NA Plan accumulated plan benefits above.

### Note 6 - Interest in Master Trust

The Plans' investments are in various investment units held by the Master Trust, which was established for the investment of assets of the Plans and several other pension plans sponsored by affiliated participating employers of thyssenkrupp North America, LLC. The assets of the Master Trust are held by the Trustee. Investment income (loss) is allocated to the individual plans based upon the plans' individual ownership of that associated investment unit. Administrative expenses relating to the Master Trust are allocated to the individual plans based upon their share in the net assets of the Master Trust.

## thyssenkrupp North America, LLC Defined Benefit Plans

### Notes to Modified Cash Basis Financial Statements

December 31, 2022 and 2021

#### Note 6 - Interest in Master Trust (Continued)

The following tables represent the net assets of the Plans and the Plans' interest in the Master Trust at December 31, 2022 and 2021:

|                                                                          | 2022                     |                                                                           |
|--------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------|
|                                                                          | Master Trust<br>Balances | Plan's Interest in<br>Master Trust<br>Balances<br>thyssenkrupp<br>NA Plan |
| <b>Assets</b>                                                            |                          |                                                                           |
| Cash - Non-interest bearing                                              | \$ 429,213               | \$ -                                                                      |
| Investments - At fair value:                                             |                          |                                                                           |
| Interest-bearing cash                                                    | 24,501,278               | 19,195,706                                                                |
| Mutual funds                                                             | 164,467,233              | 105,858,140                                                               |
| Common collective trust funds                                            | 117,777,710              | -                                                                         |
| Partnerships                                                             | 50,083,721               | -                                                                         |
| Fixed-income securities                                                  | 118,343,877              | -                                                                         |
| Fixed-income securities - Loaned                                         | 8,221,519                | -                                                                         |
| Common stocks                                                            | 21,423,017               | -                                                                         |
| Common stocks - Loaned                                                   | 447,854                  | -                                                                         |
| Total investments - At fair value                                        | 505,266,209              | 125,053,846                                                               |
| Collateral held under securities lending agreements - Money market funds | 8,861,634                | -                                                                         |
| Other assets                                                             | 1,274,016                | 66,909                                                                    |
| Net receivable for security sales                                        | 57,777                   | -                                                                         |
| Total assets                                                             | 515,888,849              | 125,120,755                                                               |
| <b>Liabilities</b> - Obligation under securities lending agreements      | (8,861,634)              | -                                                                         |
| Total net assets of the Master Trust                                     | <u>\$ 507,027,215</u>    | <u>\$ 125,120,755</u>                                                     |

## thyssenkrupp North America, LLC Defined Benefit Plans

### Notes to Modified Cash Basis Financial Statements

December 31, 2022 and 2021

#### Note 6 - Interest in Master Trust (Continued)

|                                                                          | 2021                                     |                       |                                       |                          |
|--------------------------------------------------------------------------|------------------------------------------|-----------------------|---------------------------------------|--------------------------|
|                                                                          | Plan's Interest in Master Trust Balances |                       |                                       |                          |
|                                                                          | Master Trust Balances                    | thyssenkrupp NA Plan  | Rotek Salary and Florence Hourly Plan | Rotek Aurora Hourly Plan |
| <b>Assets</b>                                                            |                                          |                       |                                       |                          |
| Cash - Non-interest bearing                                              | \$ 1,099,394                             | \$ 6,112              | \$ 62,794                             | \$ 2,397                 |
| Investments - At fair value:                                             |                                          |                       |                                       |                          |
| Interest-bearing cash                                                    | 33,797,492                               | 19,973,524            | 161,672                               | 2,148,821                |
| Mutual funds                                                             | 184,812,211                              | 95,203,737            | 3,621,344                             | 10,075,285               |
| Common collective trust funds                                            | 166,836,418                              | 1,502,229             | 6,707,909                             | -                        |
| Partnerships                                                             | 64,540,429                               | 552,287               | 4,008,321                             | 104,876                  |
| Fixed-income securities                                                  | 174,623,075                              | 1,252,413             | 12,863,881                            | 490,943                  |
| Fixed-income securities - Loaned                                         | 22,182,995                               | 148,857               | 1,528,955                             | 58,352                   |
| Common stocks                                                            | 30,152,703                               | 253,228               | 1,157,552                             | -                        |
| Common stocks - Loaned                                                   | 237,572                                  | 1,995                 | 9,120                                 | -                        |
| Total investments - At fair value                                        | 677,182,895                              | 118,888,270           | 30,058,754                            | 12,878,277               |
| Collateral held under securities lending agreements - Money market funds | 22,902,509                               | 154,122               | 1,571,363                             | 59,613                   |
| Other assets                                                             | 1,328,406                                | 10,595                | 99,358                                | 3,566                    |
| Net receivable for security sales                                        | 65,304                                   | 549                   | 2,476                                 | -                        |
| Total assets                                                             | 702,578,508                              | 119,059,648           | 31,794,745                            | 12,943,853               |
| <b>Liabilities</b>                                                       |                                          |                       |                                       |                          |
| Obligation under securities lending agreements                           | (22,902,509)                             | (154,122)             | (1,571,363)                           | (59,613)                 |
| Unsettled trades                                                         | (85,524)                                 | (678)                 | (6,961)                               | (268)                    |
| Total liabilities                                                        | (22,988,033)                             | (154,800)             | (1,578,324)                           | (59,881)                 |
| Total net assets of the Master Trust                                     | <u>\$ 679,590,475</u>                    | <u>\$ 118,904,848</u> | <u>\$ 30,216,421</u>                  | <u>\$ 12,883,972</u>     |

The investment (loss) income for the Master Trust for the years ended December 31, 2022 and 2021 is as follows:

|                                                                         | 2022                    | 2021                 |
|-------------------------------------------------------------------------|-------------------------|----------------------|
| Net realized and unrealized (losses) gains in fair value of investments | \$ (129,503,024)        | \$ 33,519,658        |
| Interest and dividends                                                  | 14,783,393              | 16,872,144           |
| Loss on derivative instruments                                          | (2,146,341)             | (343,849)            |
| Securities lending income                                               | 23,972                  | 40,240               |
| Net investment (loss) income                                            | <u>\$ (116,842,000)</u> | <u>\$ 50,088,193</u> |

## **Notes to Modified Cash Basis Financial Statements**

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**December 31, 2022 and 2021**

### **Note 6 - Interest in Master Trust (Continued)**

#### ***Securities Lending***

The Master Trust participates in a securities lending program with the Trustee for its U.S. and non-U.S. securities held in custody with the Trustee. The program allows up to \$100,000,000 of the qualified assets to be on loan at any given time. These securities are lent to certain unrelated third-party brokers in exchange for cash and noncash collaterals. At December 31, 2022 and 2021, U.S. assets on loan were collateralized at 102 percent of the assets' market value. There were no non-U.S. assets on loan at December 31, 2022 and 2021. Both the collateral and the securities loaned are marked to market on a daily basis, with additional collateral obtained or refunded as necessary. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the plan's accounts with cash equal to the fair value of the loaned securities.

The net assets of the Master Trust reflect, as an asset, the collateral received under the securities lending arrangement, with an offsetting liability representing the Master Trust's obligation to return the collateral to the borrower. The collateral received from borrowers totaled \$8,861,634 and \$22,902,509 as of December 31, 2022 and 2021, respectively. At December 31, 2022 and 2021, the entire balance received consisted of cash collateral, which was invested in a money market fund. In the event that a loaned security is called, the Master Trust will receive the market value of the asset in cash. The market value of loaned securities totaled \$8,669,373 and \$22,420,567 at December 31, 2022 and 2021, respectively.

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

#### ***Derivative Instruments***

The Master Trust is party to certain agreements that are designed to manage exposure to foreign exchange and interest rate risks. The interest rate and foreign currency instruments are used for the purpose of hedging changes in the fair value of assets and the actuarial present value of accumulated plan benefits that result from interest rate changes and currency fluctuations or as an efficient substitute for traditional securities.

The notional amount represents the contract amount, not the amount at risk. The notional amount of interest rate instruments was approximately \$4,600,000 and \$6,900,000 at December 31, 2022 and 2021, respectively. Management has elected to present derivative information on a gross basis when subject to master netting arrangements. The estimated fair value of derivative instruments at December 31, 2022 and 2021 is insignificant. For the years ended December 31, 2022 and 2021, losses of \$2,146,341 and \$343,849, respectively, attributable to derivative instruments were recognized as investment loss in the statements of changes in net assets available for benefits - modified cash basis.

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

# Notes to Modified Cash Basis Financial Statements

December 31, 2022 and 2021

## Note 7 - Fair Value Measurements

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

### Level 1

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

### Level 2

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

### Level 3

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

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

The following tables present information about the Master Trust's assets measured at fair value on a recurring basis at December 31, 2022 and 2021:

| Assets Measured at Fair Value on a Recurring Basis<br>at December 31, 2022 |                                |                                                                            |                                                     |
|----------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
|                                                                            | Investments<br>(at Fair Value) | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets<br>(Level 1) | Significant Other<br>Observable<br>Inputs (Level 2) |
| Mutual funds                                                               | \$ 164,467,233                 | \$ 164,467,233                                                             | \$ -                                                |
| Common stocks                                                              | 21,870,871                     | 21,870,871                                                                 | -                                                   |
| Fixed-income securities                                                    | 126,565,396                    | 44,593,745                                                                 | 81,971,651                                          |
| Money market fund                                                          | 8,861,634                      | -                                                                          | 8,861,634                                           |
| Interest-bearing cash                                                      | 24,501,278                     | -                                                                          | 24,501,278                                          |
| Total                                                                      | 346,266,412                    | \$ 230,931,849                                                             | \$ 115,334,563                                      |
| Investments measured at NAV:                                               |                                |                                                                            |                                                     |
| Common collective trust funds                                              | 117,777,710                    |                                                                            |                                                     |
| Partnerships                                                               | 50,083,721                     |                                                                            |                                                     |
| Total investments                                                          | \$ 514,127,843                 |                                                                            |                                                     |

## thyssenkrupp North America, LLC Defined Benefit Plans

### Notes to Modified Cash Basis Financial Statements

December 31, 2022 and 2021

#### Note 7 - Fair Value Measurements (Continued)

|                               | Assets Measured at Fair Value on a Recurring Basis<br>at December 31, 2021 |                                                                            |                                                        |
|-------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------|
|                               | Investments<br>(at Fair Value)                                             | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets<br>(Level 1) | Significant Other<br>Observable<br>Inputs<br>(Level 2) |
| Mutual funds                  | \$ 184,812,211                                                             | \$ 184,812,211                                                             | \$ -                                                   |
| Common stocks                 | 30,390,275                                                                 | 30,390,275                                                                 | -                                                      |
| Fixed-income securities       | 196,806,070                                                                | 71,946,284                                                                 | 124,859,786                                            |
| Money market fund             | 22,902,509                                                                 | -                                                                          | 22,902,509                                             |
| Interest-bearing cash         | 33,797,492                                                                 | -                                                                          | 33,797,492                                             |
| Total                         | 468,708,557                                                                | \$ 287,148,770                                                             | \$ 181,559,787                                         |
| Investments measured at NAV:  |                                                                            |                                                                            |                                                        |
| Common collective trust funds | 166,836,418                                                                |                                                                            |                                                        |
| Partnerships                  | 64,540,429                                                                 |                                                                            |                                                        |
| Total investments             | \$ 700,085,404                                                             |                                                                            |                                                        |

#### Investments in Entities that Calculate Net Asset Value per Share

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

At December 31, 2022 and 2021, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

|                                                  | 2022           | 2021           |                         | Redemption<br>Frequency, if<br>Eligible | Redemption<br>Notice Period (in<br>Business Days) |
|--------------------------------------------------|----------------|----------------|-------------------------|-----------------------------------------|---------------------------------------------------|
|                                                  | Fair Value     | Fair Value     | Unfunded<br>Commitments |                                         |                                                   |
| Common collective trust funds:                   |                |                |                         |                                         |                                                   |
| Equity investments (1)                           | \$ 84,483,839  | \$ 121,318,810 | \$ -                    | Daily                                   | 1-2                                               |
| Balanced investments (2)                         | 33,293,871     | 45,517,608     | -                       | Monthly                                 | 30                                                |
| Partnerships:                                    |                |                |                         |                                         |                                                   |
| GMO Multi-Strategy Fund<br>(Offshore), L.P. (3)  | 7,608,222      | 11,818,984     | -                       | Monthly                                 | 14                                                |
| Western Asset Global Multi-<br>Strategy, LLC (4) | 26,168,849     | 33,760,997     | -                       | Daily                                   | 15                                                |
| RBC Emerging Markets Equity<br>Series (5)        | 16,306,650     | 18,960,448     | -                       | Daily                                   | 5                                                 |
| Total                                            | \$ 167,861,431 | \$ 231,376,847 | \$ -                    |                                         |                                                   |

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

## **Notes to Modified Cash Basis Financial Statements**

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**December 31, 2022 and 2021**

### **Note 7 - Fair Value Measurements (Continued)**

- (4) Western Asset Global Multi-Strategy, LLC invests primarily in global fixed-income securities in both developed and emerging market countries that are generally rated at least BBB by Standard & Poor's or equivalent quality.
- (5) RBC Emerging Markets Equity Series invests primarily in equity securities of issuers tied to emerging market countries that are considered by the series to have the potential to provide long-term capital growth.

At December 31, 2022 and 2021, the thyssenkrupp NA Plan also invests in a money market fund. The fair value of the money market fund, a short-term investment, is based primarily on Level 2 inputs, as described above and in Note 2.

### **Note 8 - Tax Status**

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

### **Note 9 - Plan Termination**

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         |
| 30-34        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         |
| 35-39        | 0                                               | 1   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0         |
| 40-44        | 0                                               | 1   | 1   | 3     | 0     | 0     | 0     | 0     | 0     | 0         |
| 45-49        | 0                                               | 3   | 2   | 0     | 0     | 1     | 8     | 0     | 0     | 0         |
| 50-54        | 0                                               | 3   | 1   | 6     | 0     | 7     | 13    | 7     | 0     | 0         |
| 55-59        | 0                                               | 1   | 1   | 5     | 1     | 7     | 10    | 4     | 4     | 0         |
| 60-64        | 0                                               | 3   | 1   | 1     | 1     | 4     | 6     | 6     | 5     | 5         |
| 65-69        | 0                                               | 2   | 2   | 0     | 0     | 3     | 0     | 4     | 2     | 1         |
| 70 & over    | 0                                               | 1   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0         |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
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Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

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

#### Interest rates:

|                           | Reflecting Corridors | Not Reflecting Corridors |
|---------------------------|----------------------|--------------------------|
| ■ First segment rate      | 4.75%                | 1.07%                    |
| ■ Second segment rate     | 5.18%                | 2.68%                    |
| ■ Third segment rate      | 5.92%                | 3.36%                    |
| ■ Effective interest rate | 5.30%                | 2.74%                    |

#### Annual rates of increase

- Compensation increases N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

**Administrative expenses** The amount included this year for plan-related expenses is \$393,184. The method for determining administrative expenses remains the three-year average of non-PBGC related administrative expenses plus the current year's PBGC premium.

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Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

## Former participants of the ThyssenKrupp Materials NA, Inc. Pension Plan

### Demographic Assumptions

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

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

### Mortality

■ **Funding** IRS-prescribed fully generational mortality table based on the RP/MP-2014 Society of Actuaries study and subsequent updates (including, for 2022 plan years, the use of the MP-2020 mortality improvement scale).

**Termination** Copper and Brass Hourly: Not applicable. There are no active participants under the former Copper and Brass Hourly Plan remaining.

tk Materials: Rates varying by age and gender

### Representative Termination Rates

| Percentage leaving during the year |       |         |
|------------------------------------|-------|---------|
| Attained Age                       | Males | Females |
| 20                                 | 0.149 | 0.250   |
| 25                                 | 0.099 | 0.149   |
| 30                                 | 0.069 | 0.099   |
| 35                                 | 0.049 | 0.069   |
| 40                                 | 0.028 | 0.049   |
| 45                                 | 0.017 | 0.028   |

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## Retirement

Copper and Brass Hourly: Not applicable. There are no active participants under the former Copper and Brass Hourly Plan remaining.

tk Materials: For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

| Male and Female |        |
|-----------------|--------|
| Attained Age    | Rates  |
| 50-54           | 3.5%   |
| 55-61           | 3.5%   |
| 62              | 35.0%  |
| 63-64           | 10.0%  |
| 65              | 100.0% |

Rates between 50 and 54 apply only to Steel employees with at least 80 points (age plus service). The weighted average retirement age is 63.

## Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Upon termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

## Form of payment

Active participants:

100% of participants are assumed to elect a lump sum.

Deferred vested participants:

50% of participants are assumed to elect a lump sum and 50% of participants are assumed to elect an annuity.

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## SCHEDULE SB ATTACHMENTS

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|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Lump sum payments</b>          | <p>Lump sum factors at distribution date were determined as the greater of:</p> <ul style="list-style-type: none"><li>■ 2.10 % (five-year average of the December 30-year treasury rates preceding the measurement date, rounded to the nearest 25 basis points) and the RR2001-62 mortality table, and</li><li>■ 1.88% for the first five years, 3.18% for the next 15 years and 3.70% thereafter (five-year average of the 417(e)(3) December 3-segment spot rates preceding the measurement date) and the PPA optional combined unisex table.</li></ul> |
| <b>Percent married</b>            | For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Spouse age</b>                 | Male spouses are assumed to be 3 years older than female spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>At-risk assumptions</b>        | Not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Timing of benefit payments</b> | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.                                                                                                                                                                                                                                                                                                                                                                                                                                 |

### Methods

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

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# SCHEDULE SB ATTACHMENTS

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## **Decrement Timing**

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

## **Actuarial value of assets for determining minimum required contributions**

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

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

## **Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued based on discussions with thyssenkrupp North America, LLC. regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with thyssenkrupp North America, LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.

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## Data Sources

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

## Assumptions Rationale – Significant Economic Assumptions

|                                 |                                                                                                                                                                                                                                                                                                                               |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>            | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                                                                                                                                          |
| <b>Plan-related expenses</b>    | As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).                                    |
| <b>Lump sum conversion rate</b> | As required by IRC §430, lump sum benefits are valued using “annuity substitution”, adjusted as required to account for the fact that the plan’s lump sum conversion rate is based on the 30-year Treasury rate. This adjustment results in an expected lump sum conversion rate of 2.10% based on historical Treasury rates. |

## Assumptions Rationale – Significant Demographic Assumptions

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

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# SCHEDULE SB ATTACHMENTS

|                        |                                                                                                                                                                                                                                                                                                                      |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Retirement</b>      | Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.                                                                                                                                   |
| <b>Form of payment</b> | <p>The percentage of retiring participants assumed to take lump sums is based on observed experience over recent periods with annual review.</p> <p>The percentage of retiring participants assumed to take joint and survivor annuities is based on observed experience over recent periods with annual review.</p> |
| <b>Percent married</b> | The assumed percentage married is based on a blending of marital statuses of recent retirees and changes expected to occur in marriage patterns of retirement age individuals in the future.                                                                                                                         |
| <b>Spouse age</b>      | The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.                                                                                                                                                                    |

## Source of Prescribed Methods

|                        |                                                                                                                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Changes in Assumptions and Methods

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Change in assumptions since prior valuation</b> | <ul style="list-style-type: none"><li>■ The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2020 to September 2021.</li><li>■ The mortality table for annuitants was changed from plan specific mortality to the IRS prescribed fully generational table as the plan specific mortality table that was adopted January 1, 2019 is no longer accurately predictive of future mortality effective January 1, 2022.</li><li>■ Mortality used to calculate the funding target and target normal cost was updated to reflect the IRS prescribed mortality tables with the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.</li></ul> |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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- For the prior year, lump sums were determined using a 2.40% fixed interest rate, and segment rates of 2.06%, 3.44% and 4.04%. For the current year, the interest rate assumption was changed as described above.
- The assumed plan-related expenses added to the target normal cost was changed from \$304,480 for 2021 for the former thyssenkrupp Materials NA, Inc. Pension Plan to \$393,184 for 2022 covering the thyssenkrupp Defined Benefit Pension Plan North America.
- The assumed rate of return on plan assets (before applying the required amount) used to calculate the actuarial value of assets was changed from 6.50% to 5.20%.

**Change in methods since  
prior valuation**

None.

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# SCHEDULE SB ATTACHMENTS

## Former participants of the ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan

### Demographic Assumptions

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

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

### Mortality

■ **Healthy** IRS-prescribed fully generational mortality table based on the RP/MP-2014 Society of Actuaries study and subsequent updates (including, for 2022 plan years, the use of the MP-2020 mortality improvement scale).

■ **Disabled** None

**Termination** Rates varying by age and gender

### Representative Termination Rates

| Percentage leaving during the year |       |         |
|------------------------------------|-------|---------|
| Attained Age                       | Males | Females |
| 20                                 | 8.00  | 8.00    |
| 25                                 | 8.00  | 8.00    |
| 30                                 | 6.83  | 6.83    |
| 35                                 | 5.67  | 5.67    |
| 40                                 | 4.50  | 4.50    |
| 45                                 | 3.33  | 3.33    |
| 50                                 | 2.17  | 2.17    |
| 55                                 | 1.00  | 1.00    |
| 60                                 | 0.00  | 0.00    |
| 65                                 | 0.00  | 0.00    |

**Disability** None.

**Retirement** It is assumed that participants will retire upon becoming eligible for normal retirement.

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## Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Age 65
- Disability benefit Age 65
- Retirement benefit Immediately upon retirement

## Form of payment

For all non-retired participants, a modified cash refund annuity was valued. It is assumed that 50% of retirees will elect the 100% joint and survivor form of payment.

## Percent married

For non-retired participants, 100% were assumed to be married.

## Spouse age

Wives three years younger than husband.

## Covered pay

Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay.

## Timing of benefit payments

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

## Methods

### Valuation date

First day of plan year

### Funding target

Present value of accrued benefits as required by regulations under IRC §430.

### Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
EIN / PN: 22-2393554/003  
Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

## Actuarial value of assets for determining minimum required contributions

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

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

## Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with thyssenkrupp North America, LLC regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with thyssenkrupp North America, LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Sources of Data and Other Information

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

## Assumptions Rationale - Significant Economic Assumptions

### Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
EIN / PN: 22-2393554/003  
Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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|                              |                                                                                                                                                                                                                                                                                            |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan-related expenses</b> | As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Assumptions Rationale - Significant Demographic Assumptions

|                          |                                                                         |
|--------------------------|-------------------------------------------------------------------------|
| <b>Healthy Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h). |
|--------------------------|-------------------------------------------------------------------------|

|                           |                                                                         |
|---------------------------|-------------------------------------------------------------------------|
| <b>Disabled Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h). |
|---------------------------|-------------------------------------------------------------------------|

|                    |                                                                                                                                                                                                                                                                                           |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Termination</b> | Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed. Assumed termination rates differ by age because of expected differences in termination rates by age. |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                   |                                                                                                                                                                                    |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Retirement</b> | Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                        |                                                                                                                                                              |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form of payment</b> | The percentage of retiring participants assumed to take joint and survivor annuities is based on observed experience over recent periods with annual review. |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                        |                                                                                                                                                                                              |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Percent married</b> | The assumed percentage married is based on a blending of marital statuses of recent retirees and changes expected to occur in marriage patterns of retirement age individuals in the future. |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                   |                                                                                                                                                   |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Spouse age</b> | The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age. |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Plan Name:      | thyssenkrupp Defined Benefit Pension Plan North America |
| EIN / PN:       | 22-2393554/003                                          |
| Plan Sponsor:   | thyssenkrupp North America, LLC                         |
| Valuation Date: | January 1, 2022                                         |

# SCHEDULE SB ATTACHMENTS

## Prescribed Methods

### Funding methods

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

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

The following changes in assumptions were made as part of this valuation:

- The segment interest rates used to calculate the funding target and target normal cost were updated applicable month of September 2020 to September 2021.
- The mortality table for annuitants was changed from plan specific mortality to the IRS prescribed fully generational table as the plan specific mortality table that was adopted January 1, 2019 is no longer accurately predictive of future mortality effective January 1, 2022.
- Mortality used to calculate the funding target and target normal cost was updated to reflect the IRS prescribed mortality tables and use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.
- The assumed plan-related expenses added to the target normal cost were changed from \$45,489 for 2021 for the former ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan to \$393,184 for 2022 covering the thyssenkrupp Defined Benefit Pension Plan North America.
- The assumed rate of return on plan assets (before applying the required amount) used to calculate the actuarial value of assets was changed from 6.10% to 5.60%.

Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
EIN / PN: 22-2393554/003  
Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

## Former participants of the ThyssenKrupp Crankshaft Company Retirement Income Plan

### Demographic Assumptions

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

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

### Mortality

■ Healthy IRS prescribed fully generational mortality table based on the RP/MP-2014 Society of Actuaries study and subsequent updates (including, for 2022 plan years, the use of the MP-2020 mortality improvement scale).

■ Disabled Revenue Ruling 96-7 mortality table

**Termination** Rates varying by age and service.

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

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

Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
EIN / PN: 22-2393554/003  
Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

## Disability

The following table shows rates at various ages:

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

## Retirement

Rates varying by age and credited service:

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

## Benefit commencement date:

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

## Form of payment

Participants are assumed to elect the normal form.

## Percent married

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

## Spouse age

Wives are assumed to be three years younger than husbands.

## Timing of benefit payments

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

Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
EIN / PN: 22-2393554/003  
Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Methods

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>                                                           | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Funding target</b>                                                           | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Target normal cost</b>                                                       | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Actuarial value of assets for determining minimum required contributions</b> | <p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| <b>Benefits not valued</b>                                                      | All benefits described in the Plan Provisions section of this report were valued based on discussions with thyssenkrupp North America, LLC. regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with thyssenkrupp North America, LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Plan Name:      | thyssenkrupp Defined Benefit Pension Plan North America |
| EIN / PN:       | 22-2393554/003                                          |
| Plan Sponsor:   | thyssenkrupp North America, LLC                         |
| Valuation Date: | January 1, 2022                                         |

# SCHEDULE SB ATTACHMENTS

## Sources of Data and other Information

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

## Assumptions Rationale - Significant Economic Assumptions

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

## Assumptions Rationale - Significant Demographic Assumptions

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

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Plan Name:      | thyssenkrupp Defined Benefit Pension Plan North America |
| EIN / PN:       | 22-2393554/003                                          |
| Plan Sponsor:   | thyssenkrupp North America, LLC                         |
| Valuation Date: | January 1, 2022                                         |

# SCHEDULE SB ATTACHMENTS

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

## Source of Prescribed Methods

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

## Changes in Assumptions and Methods

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Change in assumptions and methods since prior valuation</b> | <p>The following changes in assumptions were made as part of this valuation:</p> <ul style="list-style-type: none"><li>■ The segment interest rates used to calculate the funding target and target normal cost were updated applicable month of September 2020 to September 2021.</li><li>■ The mortality table for annuitants was changed from plan specific mortality to the IRS prescribed fully generational table as the plan specific mortality table that was adopted January 1, 2019 is no longer accurately predictive of future mortality effective January 1, 2022.</li><li>■ Mortality used to calculate the funding target and target normal cost was updated to reflect the IRS prescribed mortality tables and use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.</li></ul> |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Plan Name:      | thyssenkrupp Defined Benefit Pension Plan North America |
| EIN / PN:       | 22-2393554/003                                          |
| Plan Sponsor:   | thyssenkrupp North America, LLC                         |
| Valuation Date: | January 1, 2022                                         |

## SCHEDULE SB ATTACHMENTS

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- The assumed plan-related expenses added to the target normal cost were changed from \$33,227 for 2021 for the former ThyssenKrupp Crankshaft Company Retirement Income Plan to \$393,184 for 2022 covering the thyssenkrupp Defined Benefit Pension Plan North America.
- The assumed rate of return on plan assets (before applying the required amount) used to calculate the actuarial value of assets was changed from 5.6% to 5.20%.

Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
EIN / PN: 22-2393554/003  
Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                                         |
|--------------------------|---------------------------------------------------------|
| <b>Plan Sponsor</b>      | thyssenkrupp North America, LLC                         |
| <b>EIN/PN</b>            | 22-2393554/003                                          |
| <b>Plan Name</b>         | thyssenkrupp Defined Benefit Pension Plan North America |
| <b>Valuation Date</b>    | January 1, 2022                                         |
| <b>Enrolled Actuary</b>  | Lauren Pellerito                                        |
| <b>Enrollment Number</b> | 23-06364                                                |

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

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

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Plan Name:      | thyssenkrupp Defined Benefit Pension Plan North America |
| EIN / PN:       | 22-2393554/003                                          |
| Plan Sponsor:   | thyssenkrupp North America, LLC                         |
| Valuation Date: | January 1, 2022                                         |

## thyssenkrupp North America, LLC Defined Benefit Plans

# thyssenkrupp Defined Benefit Pension Plan North America Schedule of Reportable Transactions - Modified Cash Basis

**Form 5500, Schedule H, Line 4j**  
**EIN 22-2393554, Plan No. 003**  
**Year Ended December 31, 2022**

| (a)<br>Identity of Party Involved                                                                                                                                                           | (b)<br>Description of Asset          | (c)<br>Purchase Price | (d)<br>Selling Price | (g)<br>Cost of Asset | (h)<br>Current Value of<br>Asset on<br>Transaction<br>Date | (i)<br>Net Gain (Loss) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------|----------------------|----------------------|------------------------------------------------------------|------------------------|
| Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:                                                                        |                                      |                       |                      |                      |                                                            |                        |
| Aetna Life Insurance Company                                                                                                                                                                | Money market insight fund - Purchase | \$ 315,000            | \$ -                 | \$ 315,000           | \$ 315,000                                                 | \$ -                   |
| Aetna Life Insurance Company                                                                                                                                                                | Money market insight fund - Purchase | 387,000               | -                    | 387,000              | 387,000                                                    | -                      |
| Aetna Life Insurance Company                                                                                                                                                                | Money market insight fund - Purchase | 387,000               | -                    | 387,000              | 387,000                                                    | -                      |
| Aetna Life Insurance Company                                                                                                                                                                | Money market insight fund - Purchase | 387,000               | -                    | 387,000              | 387,000                                                    | -                      |
| Aetna Life Insurance Company                                                                                                                                                                | Money market insight fund - Purchase | 387,000               | -                    | 387,000              | 387,000                                                    | -                      |
| Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets: |                                      |                       |                      |                      |                                                            |                        |
| Aetna Life Insurance Company                                                                                                                                                                | Purchases - 5                        | 1,863,000             | -                    | 1,863,000            | 1,863,000                                                  | -                      |
|                                                                                                                                                                                             | Sales - 1,113                        | -                     | 1,551,953            | 1,551,953            | 1,551,953                                                  | -                      |

There were no Category (ii) or (iv) reportable transactions during the year.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>THYSSENKRUPP DEFINED BENEFIT PENSION PLAN NORTH AMERICA                                                          | <b>B</b> Three-digit plan number (PN) ▶<br><br>003                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>THYSSENKRUPP NORTH AMERICA, LLC                               | <b>D</b> Employer Identification Number (EIN)<br>22-2393554                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                              |                                                                                                         |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                         |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> 119,179,542                                                                                   |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> 116,912,180                                                                                   |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                         |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants 404 (2) Vested Funding Target 41,221,987 (3) Total Funding Target 41,221,987 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 393 20,108,686 20,108,686                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                         | 129 32,810,780 33,497,866                                                                               |
| <b>d</b> Total.....                                                                                                                                                                                            | 926 94,141,453 94,828,539                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                         |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                               |
| <b>b</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..... | <b>4b</b>                                                                                               |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> 5.30%                                                                                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                         |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> 0                                                                                             |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> 393,184                                                                                       |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> 393,184                                                                                       |

**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.

|                                                                           |                                                                                     |                                        |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                          |  | <u>10/9/2023</u>                       |
| Signature of actuary                                                      |                                                                                     | Date                                   |
| Lauren Pellerito                                                          |                                                                                     | 2306364                                |
| Type or print name of actuary                                             |                                                                                     | Most recent enrollment number          |
| Willis Towers Watson US LLC                                               |                                                                                     | 248-936-7700                           |
| Firm name                                                                 |                                                                                     | Telephone number (including area code) |
| TRAVELERS TOWER<br>26555 EVERGREEN ROAD SUITE 1600<br>SOUTHFIELD MI 48076 |                                                                                     |                                        |
| Address of the firm                                                       |                                                                                     |                                        |

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

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

**Schedule SB (Form 5500) 2022**  
**v. 220413**

| <b>Part II</b> |                                                                                                                                                                      | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                                                                      | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 4,162,151                                                  | 23,180,806             |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 45,489                                                     | 686,527                |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 4,116,662                                                  | 22,494,279             |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>4.62</u> % .....                                                                                           | 239,178                                                    | 1,140,120              |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                                                            |                        |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                                                            | 0                      |
|                | <b>b(1)</b> 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>5.40</u> % ..... |                                                            | 0                      |
|                | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                            | 0                      |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                            | 0                      |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 4,355,840                                                  | 23,634,399             |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 93.77 %  |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 123.28 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 92.72 %  |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %        |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and Liquidity Shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
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|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                                                                                          |                                   |                                               |                          | 0                                 | 0                               |

|                                                                                                                                                                                      |            |         |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|
| <b>19</b> 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 .....                                                                                        | <b>19a</b> | 0       |         |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> | 0       |         |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 0       |         |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                          |            |         |         |
| a Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |         |         |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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**

|                                                 |                                                |                                                           |                                     |                                                     |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                     |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                         | 2nd segment:<br>5.18 %                                    | 3rd segment:<br>5.92 %              | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                |                                                           |                                     | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                |                                                           |                                     | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                         |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 393,184            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 3,945,804           | 382,047            |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 775,231            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 775,231             | 0                  | 775,231       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB, Line 7**

#### **Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance as of January 1, 2022**

The prior year Funding Standard Carryover Balance was \$0 on line 13 of the prior-year Schedule SB and is \$4,162,151 on line 7 of the current year Schedule SB. The prior year Funding Standard Carryover Balance was \$14,236,064 on line 13 of the prior-year Schedule SB and is \$23,180,806 on line 7 of the current year Schedule SB.

The balances have been adjusted due to: Transfer of Prefunding Balance of \$8,481,609 from the ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan (EIN / PN: 39-1858155/003) and \$463,133 from the ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees by the Bargaining Agreement with the International Union, (EIN / PN: 20-4023938/001) and transfer of Funding Standard Carryover Balance of \$4,162,151 from the ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan due to the December 31, 2021 plan merger of the ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan and ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees by the Bargaining Agreement with the International Union into the ThyssenKrupp Materials NA, Inc. Pension Plan. The plan was subsequently renamed the thyssenkrupp Defined Benefit Pension Plan North America.

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Plan Name:      | thyssenkrupp Defined Benefit Pension Plan North America |
| EIN / PN:       | 22-2393554/003                                          |
| Plan Sponsor:   | thyssenkrupp North America, LLC                         |
| Valuation Date: | January 1, 2022                                         |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 10

### Explanation of Discrepancy in Interest on Carryover and Prefunding Balances

The actual return on plan assets for each of the legacy plans was as follows:

- 4.62% for the ThyssenKrupp Materials NA, Inc. Pension Plan
- 4.61% for the ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees by the Bargaining Agreement with the International Union
- 5.81% for the ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan

Effective December 31, 2022, the ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan and the ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees by the Bargaining Agreement with the International Union merged into the ThyssenKrupp Materials NA, Inc. Pension Plan. The plan was subsequently renamed the thyssenkrupp Defined Benefit Pension Plan North America.

Interest on Line 10 for the Carryover Balance reflects the prior year asset return for the ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan of 5.81%.

Interest on Line 10 for the Prefunding Balance reflects the weighted average of prior year actual returns for the ThyssenKrupp Materials NA, Inc. Pension Plan, the ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan, and the ThyssenKrupp Crankshaft Company Retirement Income Plan for Employees by the Bargaining Agreement with the International Union is 5.07%.

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Plan Name:      | thyssenkrupp Defined Benefit Pension Plan North America |
| EIN / PN:       | 22-2393554/003                                          |
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| Valuation Date: | January 1, 2022                                         |

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2022**

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

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Plan Sponsor: thyssenkrupp North America, LLC  
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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Former participants of the ThyssenKrupp Materials NA, Inc. Pension Plan

#### Plan Provisions

**Effective date and most recent amendment** July 1, 1969, as amended effective December 31, 2020. The Plan was further amended for the merger of ThyssenKrupp Crankshaft Company Retirement Income Plan and ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan into the Plan effective December 31, 2021. The Plan was subsequently renamed the thyssenkrupp Defined Benefit Pension Plan North America, and plan sponsorship was transferred to thyssenkrupp North America, LLC.

**Covered employees**

**Steel & Auto**

Non-Union employees enter at January 1 after age 21 with 6 months of service.

No employees hired after 1996 are eligible.

**Copper & Brass Salaried**

Non-Union employees enter after one year of service. No employees hired after 1997 are eligible.

**Participation date**

Date of becoming a covered employee

#### Definitions

**Credited Service** Elapsed-time to next highest month.

**Vesting Service** Elapsed-time to next highest month.

**Social Security Covered Compensation** The average of the Social Security Taxable Wage Base for the 35-year period ending with the last day of the calendar year the employee attains Social Security Retirement Age, based on the Social Security law in effect on the earliest of:

1. The Participant's severance from service date or
2. The Participant's Normal Retirement Date or

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# SCHEDULE SB ATTACHMENTS

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3. The date as of which the calculation of an Accrued Benefit is being made.

## Plan Compensation

### Steel & Auto

Pensionable pay defined as Total Compensation, excluding imputed taxable income and perquisites; "Highest Average Compensation" defined as average Compensation over the five consecutive calendar years during which participant was compensated on a salaried basis, which produces the highest average. Compensation for this purpose is W-2 pay, including elective contributions and excluding in-kind payments, perquisites and company contributions to other benefit plans. For accruals between January 1, 1989 and December 31, 1993, compensation limited to \$235,840. For accruals between January 1, 1994 and December 31, 2001, compensation limited to \$150,000 per year, subject to cost-of-living adjustments. For accruals after January 1, 2002, compensation limited to \$200,000 per year, subject to cost-of-living adjustments.

### Copper & Brass Salaried

Pensionable pay is base pay, which excludes overtime, bonuses, imputed taxable income and prerequisites ("Base Salary"). Compensation for accruals between January 1, 1994 and December 31, 2001 is limited to \$150,000 per year, subject to cost-of-living adjustments. Compensation for accruals after January 1, 2002 is limited to \$200,000, subject to cost of living adjustments.

For Participants classified as "Outside Sales Personnel" compensation shall mean the Participant's Total Recognized Compensation ("TRC"). The Participant's TRC is the Participant's "Base Salary" plus the Participant's commissions up to his Maximum Recognized Commissions ("MRC"). The MRC is that portion of the commissions that does not cause the sum of his commissions plus his Base Salary for the current year to exceed his TRC for the previous year. Beginning October 1, 2005, the Participant's MRC shall be increased each year by two percent (2%) of the Participant's TRC for the previous year.

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Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Accrued Benefit

### Steel & Auto

All benefits were frozen as of 12/31/2018.

#### For Service on or after January 1, 1994:

1.2% of Highest Average Compensation (HAC) up to Covered Compensation (at later of termination or calculation) plus 1.45% of such average in excess thereof, all multiplied by up to 35 years of service (reduced by length of service credited before 1994). HAC is the highest 5 consecutive year average with annual compensation limited to \$150,000 (indexed) after 1993 and before 2002; limited to \$200,000 (indexed) after 2001.

#### For Service between January 1, 1989 and December 31, 1993:

1.2% of HAC up to Covered Compensation (for 1993) plus 1.45% of such average in excess thereof, all multiplied by up to 35 years of service (reduced by length of service credited before 1989). Compensation for all Pre-1994 years for this benefit accrual period is limited to \$235,840.

Note: For purposes of this section, HAC is the highest 5 consecutive year average as of December 31, 1993, with annual compensation limited to \$235,840, multiplied by the ratio (not less than 1) of the highest annual compensation earned after 1993 (limited as in the post 1993 benefit formula) to the 1993 compensation (annualized if partial year of pay) limited to \$235,840.

#### For Service prior to 1989:

26% of Highest Average Compensation up to Social Security Covered Compensation plus 50% of such average in excess of Social Security Covered Compensation (for 1988), reduced proportionately for less than 25 years projected service at age 65. Such benefit is then prorated based on the ratio of credited service at 12/31/1988 to projected credited service at age 65. (The 25-year amount is only 15 years for participants as of 7/01/1976.)

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## SCHEDULE SB ATTACHMENTS

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Note: For purposes of this section, HAC is the highest 5 consecutive year average as of December 31, 1988, multiplied by the ratio (not less than 1) of the highest annual compensation earned in the period from 1989 through 1993, limited to \$235,840, to the 1988 unlimited compensation (annualized if partial year of pay); and then multiplied by the ratio (not less than 1) of the highest annual compensation earned after 1993 (limited as in the post-1993 benefit formula) to the 1993 compensation (annualized if partial year of pay) limited to \$235,840.

### **Copper & Brass Salaried**

All benefits were frozen as of 12/31/2018.

#### Former Salaried Plan Proper:

1.45% of Compensation earned in each calendar year after 1988, plus benefit accrued as of 12/31/88.

#### Former FitzSimons Manufacturing Plan:

\$23.00 per month per year of service (effective for terminations on or after September 16, 1995).

#### Former Big Rapids Tube Division Plan:

\$13.00 per month per year of service (effective for terminations on or after January 1, 1994).

#### Former Vanguard Plan Benefit:

Participants previously covered for Vanguard plan benefits receive additional amount of 33% of frozen final average pay (highest 60-month average prior to 1984 for salaried employees, or 1990 for hourly employees) prorated for credited service less than 15 years. Such benefit is converted from a 10-year certain and life option to a life only option prior to combining with the regular benefit.

The additional Vanguard Plan benefit is based on service projected to age 65 (limited to 15 years), then prorated based on the ratio of (unlimited) service at termination date to (unlimited) service projected to age 65.

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Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

|                                          |                                                                                                         |
|------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Normal or Late Retirement Benefit</b> | Age 65.                                                                                                 |
| <b>Early Retirement Benefit</b>          | Age 55 with five years of vesting service; or age 50, provided age plus vesting service is at least 80. |
| <b>Vested Deferred Benefit</b>           | 5 years of Vesting Service                                                                              |
| <b>Disability Retirement Benefit</b>     | At any age or service upon total and permanent disability that has continued for at least 6 months.     |
| <b>Pre-Retirement Death Benefit</b>      | After completion of five years of Vesting Service, and married at time of death.                        |

## Benefits Paid upon the Following Events

|                                          |                                                                                                                            |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Normal or Late Retirement Benefit</b> | Accrued Benefit at Normal or Late Retirement Date                                                                          |
| <b>Early Retirement Benefit</b>          | Accrued Benefit at Early Retirement date multiplied by an early retirement factor due to earlier commencement of payments. |

| Age     | Reduction Factor |
|---------|------------------|
| 65      | 100%             |
| 64      | 100%             |
| 63      | 100%             |
| 62      | 100%             |
| 61      | 97%              |
| 60      | 94%              |
| 59      | 90%              |
| 58      | 86%              |
| 57      | 82%              |
| 56      | 78%              |
| 50 - 55 | 74%              |

### Copper & Brass Salaried – Pre-January 1, 2004 Terminations

Accrued normal retirement benefit determined as in Accrued Normal Retirement Benefit and reduced by 5/9% for each month that commencement precedes age 62 down to age 55. Actuarially equivalent reduction (based on the normal form of payment) is applied for commencement prior to age 55.

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|                                      |                                                                                                                                                                                                               |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vested Deferred Benefit</b>       | Accrued benefit payable at age 65, or reduced for early commencement at any age. Reduction is actuarially equivalent, based on the normal form of payment.                                                    |
| <b>Disability Retirement Benefit</b> | Accrued Normal Retirement Benefit, with continuing benefit accruals during the period of disability leave assuming that Compensation remains at the level in effect in the calendar year prior to disability. |
| <b>Pre-Retirement Death Benefit</b>  | 50% of the pension he would have been eligible to receive had the participant retired on the first day of the month in which he died. There is no charge for coverage.                                        |

### Other Plan Provisions

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Form of Payment</b> | <p><u>Non-married Participants</u>: Life Annuity.</p> <p><u>Married Participants</u>: Qualified joint and 50% survivor's annuity, without reduction.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Optional Forms</b>         | <p>As elected by Participant, actuarially equivalent to normal form including:</p> <p>Joint &amp; 50%, 55%, 66-2/3%, 75% or 100% Survivor</p> <p>Ten- Year Certain &amp; Life</p> <p>Lump Sum</p> <p>Actuarial equivalence for annuity options is based on a 7.5% interest rate and the 1983 GAM (unisex) table. Lump sum distributions are based on the GATT rate for the December preceding payment, rounded down to the next lowest 0.5%, using the 1983 GAM (unisex) mortality table for lump sums prior to 2003, and the RR2001-62 mortality table beginning in 2003. The lump sum will reflect the normal form of payment. Lump sums for participants eligible for early retirement are based on the accrued benefit reduced for immediate payment, otherwise based on the accrued benefit deferred to age 65.</p> |

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# SCHEDULE SB ATTACHMENTS

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## Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

## Changes in Plan Provisions Since Prior Year

Effective December 31, 2021, the ThyssenKrupp Crankshaft Company Retirement Income Plan and ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan merged into the ThyssenKrupp Materials NA, Inc. Pension Plan. The Plan was subsequently renamed the thyssenkrupp Defined Benefit Pension Plan North America, and plan sponsorship was transferred to thyssenkrupp North America, LLC.

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## Former participants of the Copper and Brass Sales Hourly-Rated Employees Retirement Plan

### Plan Provisions

#### Effective date and most recent amendment

December 31, 1958, as amended effective December 31, 2020. The Plan was further amended for the merger of ThyssenKrupp Crankshaft Company Retirement Income Plan and ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan into the Plan effective December 31, 2021. The Plan was subsequently renamed the thyssenkrupp Defined Benefit Pension Plan North America, and plan sponsorship was transferred to thyssenkrupp North America, LLC.

#### Covered employees

All union hourly employees covered by collective bargaining agreement with one of the following:

**a. Detroit**

International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, Local No. 337 - (not eligible if hired after June 19, 1998)

**b. Cleveland**

International Association of Machinists, Aero Space Workers, AFL-CIO District No. 54 – (not eligible if hired after November 1, 1999)

**c. Grand Rapids**

General Teamsters Union, Local No. 406 – (not eligible if hired after September 1, 1998)

**d. Chicago**

Machinery, Scrap Iron, Metal & Steel Chauffeurs, Warehousemen, Handlers, Helpers, Alloy Fabricators, Theatrical, Exposition, Convention and Trade Show Employees Union, Local No. 714, International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America – (not eligible if hired after April 16, 2000)

#### Participation date

Date of becoming a covered employee

Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
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# SCHEDULE SB ATTACHMENTS

## Definitions

|                                     |                                                                                                                                                                                                                                                           |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting service</b>              | One Year of Service is granted for each calendar year in which a participant completes at least 1,000 hours of service.                                                                                                                                   |
| <b>Pension service</b>              | One year of credited service is granted for each calendar year in which a participant completes at least 1,441 hours. Reduced 0.1 for each 160 hours less than 1,600 (except 0.1 is credited if hours are greater than or equal to 80 and less than 161). |
| <b>Normal retirement date (NRD)</b> | <b>Chicago, Detroit and Grand Rapids:</b> Age 65.<br><b>Cleveland:</b> Age 65, or age 62 with 30 years of vesting service.                                                                                                                                |
| <b>Monthly pension benefit</b>      | Equal to credited service multiplied by the benefit unit in effect on the participant's last day worked.                                                                                                                                                  |

| <b>Detroit</b>          |              |
|-------------------------|--------------|
| Last Day Worked         | Benefit Unit |
| 06/16/2000 – 06/15/2001 | \$29.00      |
| 06/16/2001 – 06/15/2002 | 30.00        |
| 06/16/2002 – 06/15/2003 | 31.00        |
| 06/16/2003 – 06/15/2004 | 33.00        |
| 06/16/2004 – 06/15/2005 | 34.00        |
| 06/16/2005 – 06/15/2006 | 35.00        |
| 06/16/2006 – 06/15/2007 | 36.00        |
| 06/16/2007 and later    | 39.00        |

| <b>Cleveland</b>        |              |
|-------------------------|--------------|
| Last Day Worked         | Benefit Unit |
| 11/01/1999 – 10/31/2002 | \$27.50      |
| 11/01/2002 – 10/31/2003 | 28.50        |
| 11/01/2003 – 10/31/2004 | 29.50        |
| 11/01/2004 – 10/31/2005 | 30.50        |
| 11/01/2005 – 10/31/2006 | 32.00        |
| 11/01/2006 – 10/31/2007 | 33.00        |
| 11/01/2007 – 10/31/2009 | 34.00        |
| 11/01/2009 – 10/31/2010 | 34.25        |
| 11/01/2010 – 10/31/2011 | 34.75        |
| 11/01/2011 – 10/31/2012 | 35.05        |
| 11/01/2012 – 10/31/2013 | 35.20        |
| 11/01/2013 – 10/31/2014 | 35.35        |
| 11/01/2014 – 10/31/2015 | 35.60        |
| 11/01/2015 and later    | 36.00        |

| <b>Grand Rapids</b>     |              |
|-------------------------|--------------|
| Last Day Worked         | Benefit Unit |
| 09/01/2001 – 08/31/2002 | \$30.00      |
| 09/01/2002 – 08/31/2003 | 31.00        |
| 09/01/2003 – 08/31/2004 | 33.00        |
| 09/01/2004 – 08/31/2005 | 34.00        |
| 09/01/2005 – 08/31/2006 | 35.00        |
| 09/01/2006 – 08/31/2007 | 36.00        |
| 09/01/2007 and later    | 39.00        |

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## SCHEDULE SB ATTACHMENTS

### Monthly pension benefit (continued)

| <b>Chicago</b>          |              |
|-------------------------|--------------|
| Last Day Worked         | Benefit Unit |
| 04/16/1999 – 04/15/2000 | \$21.00      |
| 04/16/2000 – 04/15/2005 | 25.00        |
| 04/16/2005 and later    | 26.00        |

### Monthly preretirement death benefit

55% of Joint & 55% Survivor benefit payable at earliest retirement date. (No charge for coverage.)

### Eligibility for Benefits

#### Normal retirement

Retirement on NRD

#### Early retirement

**Cleveland, Detroit and Grand Rapids:** Age 60 and ten years of credited service, or age 55 with 85 points (age plus credited service).

**Chicago:** Age 60 and five years of credited service, or age 55 with 85 points (age plus credited service).

#### Postponed retirement

Retirement after NRD

#### Vested termination

A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching Normal Retirement Age.

#### Disability

**Cleveland, Detroit and Grand Rapids:** 10 years of credited service (vesting service for Cleveland) and Permanent and Total Disability as determined by the Board.

**Chicago:** 5 years of vesting service and Permanent and Total Disability, as determined by the Board.

#### Preretirement death benefit

5 Years of Vesting Service and married at time of death

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# SCHEDULE SB ATTACHMENTS

## Benefits Paid Upon the Following Events

### Normal retirement

The monthly pension benefit determined as of NRD

### Early retirement

**Detroit:** Monthly pension benefit adjusted according to the following table (interpolated to nearest month of age):

| Age   | Factor |
|-------|--------|
| 62-65 | 1.000  |
| 61    | 0.933  |
| 60    | 0.867  |
| 59    | 0.808  |
| 58    | 0.752  |
| 57    | 0.694  |
| 56    | 0.635  |
| 55    | 0.579  |

**Grand Rapids:** Monthly pension benefit reduced by 5/9% per month for each complete month commencement precedes age 65. Benefit is unreduced if participant has 90 points.

**Cleveland and Chicago:** Monthly pension benefit reduced by 5/9% per month for each complete month commencement precedes age 65.

**Alternative Early Retirement Benefit (Cleveland, Grand Rapids and Chicago only):** Monthly pension Benefit plus \$96.00 per month with the total reduced 5/9% per month for each complete month benefit commencement precedes age 62, less \$96.00 per monthly payment after age 62.

### Supplemental benefit

If age 55 with 20 years of credited service upon termination prior to age 60, it provides \$600.00 per month. Upon termination at age 60, it provides \$625.00 per month. Upon termination at age 61, it provides \$650.00. Regardless of commencement age, benefit reduces to \$420.00 per month from age 62 to 65. The supplement is prorated for less than 30 years of credited service, and is offset by the regular early retirement benefit being paid.

### Postponed retirement

The monthly pension benefit determined as of the actual retirement date

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## SCHEDULE SB ATTACHMENTS

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### **Vested termination**

The monthly pension benefit payable at age 65, reduced 5/9% per month for first 60 months prior to age 65, reduced an additional 5/18% per month for the next 60 months, and actuarially reduced for any additional months that benefit commencement precedes age 55. Unreduced benefit payable at any age for Grand Rapids participant with 10 years of credited service and 90 points.

### **Disablement**

If a participant is eligible for an unreduced Federal Social Security Disability Insurance Benefit, then disability benefit is accrued benefit as of date of disability, with no reduction for early commencement, payable to age 65 if participant remains disabled.

If participant is not eligible for an unreduced Federal Social Security Disability Insurance Benefit, then disability benefit is accrued benefit at date of disability multiplied by two.

**For Cleveland Only:** Effective November 1, 2008, \$68 per month multiplied by credited service.

**For Detroit Only:** Benefit determined above is reduced by any benefit payable from company disability insurance.

### **Preretirement death**

The monthly preretirement death benefit

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## Other Plan Provisions

### Forms of payment

In lieu of the normal form of payment, which is a straight life annuity, the following actuarially equivalent optional forms of payment are available:

- Ten Year Certain and Life
- Joint & 50%, 55%, 66 2/3%, 75% or 100% Contingent Annuity
- Lump sum

Actuarial equivalence for annuity options is based on a 7.5% interest rate and the 1983 GAM (unisex). Lump sum distributions are based on the GATT interest rate for the December preceding payment, rounded down to the next lowest 0.5%. Using the 1983 GAM (unisex) mortality table for lump sums prior to 2003, and the RR2001-62 mortality table beginning in 2003. Lump sums for participants eligible for Early Retirement are based on the accrued benefit (not including any supplement) reduced for immediate payments, otherwise based on the accrued benefit deferred to age 65.

### Pension Increases

None

### Plan participants' contributions

None

### Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

## Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

## Changes in Plan Provisions Since Prior Year

Effective December 31, 2021, the ThyssenKrupp Crankshaft Company Retirement Income Plan and ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan merged into the ThyssenKrupp Materials NA, Inc. Pension Plan. The Plan was subsequently renamed the thyssenkrupp Defined Benefit Pension Plan North America, and plan sponsorship was transferred to thyssenkrupp North America, LLC.

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# SCHEDULE SB ATTACHMENTS

## Former participants of the ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan

### Plan Provisions

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date and most recent amendment</b> | The Plan was restated on December 1, 2001. The Plan was last amended to freeze benefit accruals as of December 31, 2017. The Plan was further amended for the merger of ThyssenKrupp Crankshaft Company Retirement Income Plan and ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan into the Plan effective December 31, 2021. The Plan was subsequently renamed the thyssenkrupp Defined Benefit Pension Plan North America, and plan sponsorship was transferred to thyssenkrupp North America, LLC. |
| <b>Participation date</b>                       | Participation is closed to employees hired after December 31, 2013 and those who do not meet participation requirements by January 1, 2015.                                                                                                                                                                                                                                                                                                                                                                         |

### Definitions

|                                     |                                                                                                                                                                                                                                   |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Year</b>                    | The twelve-month period ending December 31.                                                                                                                                                                                       |
| <b>Eligibility Requirements</b>     | Completion of one Year of Service.<br>Age 21.<br>Has made a written agreement to make Participant Contributions. Effective January 1, 2006, period of Service is granted during which the Employee elected to make contributions. |
| <b>Years of Credited Service</b>    | Years and complete months of service, beginning on Employment Commencement Date.<br>Prior to January 1, 2006, period of Service is granted during which the Employee elected to make contributions.                               |
| <b>Average earnings</b>             | Final average earning is determined based on the highest five consecutive years pay out of the most recent 10 years compensation.                                                                                                 |
| <b>Normal retirement date (NRD)</b> | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                        |

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|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accrued benefit</b>             | <p>Effective January 1, 2006</p> <p>One and one-half percent (1.5%) of Final Average Earnings multiplied by the number of Years of Credited Service, prior to January 1, 2006 plus one percent (1.0%) of Final Average Earnings multiplied by Years of Credited Service after December 31, 2005.</p> <p>Benefit accruals are frozen as of December 31, 2017.</p> <p>In no event shall a Participant's Accrued Benefit be less than the Benefit Attributable to Participant Contributions.</p> |
| <b>Normal form of payment</b>      | <p>The Normal Form of Payment is a modified cash refund annuity.</p> <p>For married participants:</p> <p>The Normal Form of Payment must be elected with spousal consent. If no election is made, then the form of payment is automatically a joint and 50% contingent annuity with the spouse as the co-pensioner. This form of payment is actuarially equivalent to the Normal Form of Payment.</p>                                                                                         |
| <b>Eligibility for Benefits</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Normal retirement</b>           | Attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Early retirement</b>            | Attainment of age 55.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Postponed retirement</b>        | Any age after attaining Normal Retirement Age.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Vested termination</b>          | Completion of at least five Years of Service. A participant will also become vested upon attainment of Early Retirement Age (age 55).                                                                                                                                                                                                                                                                                                                                                         |
| <b>Preretirement death benefit</b> | All participants are eligible for Death benefits under the plan.                                                                                                                                                                                                                                                                                                                                                                                                                              |

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## Benefits Paid Upon the Following Events

### Normal retirement

Accrued benefit at Normal Retirement.

### Early retirement

The monthly pension benefit determined as of the early retirement date, reducing according to the factors from the following table:

| Attained age | Factor |
|--------------|--------|
| 64           | 91.6%  |
| 63           | 84.1%  |
| 62           | 77.5%  |
| 61           | 71.5%  |
| 60           | 66.3%  |
| 59           | 61.5%  |
| 58           | 57.2%  |
| 57           | 53.3%  |
| 56           | 49.8%  |
| 55           | 46.6%  |

### Postponed retirement

Accrued Benefit using continued Years of Service and Total Annual Compensation.

### Vested termination

The monthly pension benefit determined as of the termination date. If eligible, the participant may elect to commence benefits under the Early Retirement section of the plan (As early as 55).

### Preretirement death

The participant's surviving spouse shall receive the spousal benefit of the 100% joint and contingent benefit based upon the Accrued Benefit at date of death payable at what would have been the participant's Normal Retirement Date. If eligible, the benefit may be paid on a reduced basis on what would have been the participant's earliest Early Retirement Date.

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## Other Plan Provisions

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                   | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Available optional forms include a social security adjustment option, a 66 $\frac{2}{3}$ % joint and survivor option, a 75% joint and survivor annuity, a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on an interest rate of 4½% and the 1951 Group Annuity Mortality Table with a 6-year setback for the participant and a 1-year setback for the spouse. |
| <b>Pension Increases</b>                  | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Plan participants' contributions</b>   | 2.25% of Earnings. Effective January 1, 2006, employee contributions are no longer required or allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Maximum limits on benefits and pay</b> | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

## Future Plan Changes

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

## Changes in Plan Provisions Since Prior Year

Effective December 31, 2021, the ThyssenKrupp Crankshaft Company Retirement Income Plan and ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan merged into the ThyssenKrupp Materials NA, Inc. Pension Plan. The Plan was subsequently renamed the thyssenkrupp Defined Benefit Pension Plan North America, and plan sponsorship was transferred to thyssenkrupp North America, LLC.

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## Former participants of the ThyssenKrupp Crankshaft Company Retirement Income Plan

### Plan Provisions

**Effective date and most recent amendment**

The plan was originally effective January 1, 1977 and restated effective January 1, 2008. The plan was last amended, effective September 30, 2010, to freeze participation in the plan and to freeze benefit accruals to all participants. The Plan was further amended for the merger of ThyssenKrupp Crankshaft Company Retirement Income Plan and ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan into the Plan effective December 31, 2021. The Plan was subsequently renamed the thyssenkrupp Defined Benefit Pension Plan North America, and plan sponsorship was transferred to thyssenkrupp North America, LLC.

**Covered employees**

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

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

**Participation date**

Date of becoming a covered employee

### Definitions

**Years of service**

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

**Credited service**

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

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employment. Credited service is limited as follows based on age at the annuity commencement date.

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

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

**Normal retirement date (NRD)** First of month coinciding with or next following the attainment of age 65 with five years of pension service

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

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

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

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

### Eligibility for Benefits

**Normal retirement** Retirement on NRD

**Early retirement** Age 58 and five years of Credited Service.

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

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                        |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | The monthly pension benefit determined as of NRD                                                                                                                                                                                                                       |
| <b>Early retirement</b>     | Accrued benefit as of early retirement date payable immediately, reduced 6% per year for retirement prior to age 62.                                                                                                                                                   |
| <b>Postponed retirement</b> | The greater of (i) the actuarial equivalent of the normal retirement benefit or (ii) the accrued benefit calculated at the deferred retirement date.                                                                                                                   |
| <b>Vested termination</b>   | Accrued benefit (with credited service limited to 35 years) as of termination date payable at age 65. Reduced accrued benefit (with credit service limited based on commencement age) payable at age 58, reduced 6% per year for benefit commencement prior to age 62. |
| <b>Disablement</b>          | Monthly benefit of benefit rate times Credited Service (maximum 35 years) at Disability Retirement Date without reduction for early commencement.                                                                                                                      |

|                 |                                                         |
|-----------------|---------------------------------------------------------|
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|                                                                     |                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Supplemental Benefit</b>                                         | Temporary benefit payable to age 62. The monthly temporary benefit is \$1,600 (\$1,800 effective June 1, 2008) unless the accrued benefit calculated as of the retirement date.                                                                                                                                   |
| <b>Automatic Benefit Increases</b>                                  | The Normal, Deferred or Early Retirement benefit and the Supplemental benefits shall be increased to reflect benefit rate increases effective July 1, 2006, July 1, 2007, July 1, 2008 and July 1, 2009.                                                                                                          |
| <b>Qualified Pre-Retirement Survivor Annuity</b>                    | Spouse will receive the benefit that would be payable under the 50% Joint and Survivor option calculated assuming the employee terminated employment, survived to the earliest retirement age, retired and elected the 50% Joint and Survivor annuity, and died the next day.                                     |
| <b>Alternative death benefit for participants in active service</b> | Accrued benefit reduced by 6% per year for commencement before age 62, payable for 120 monthly installments beginning on the earliest retirement date. Married participants with 5 Years of Service are required to waive the Qualified Pre-Retirement Survivor Annuity to receive the Alternative Death Benefit. |

### Other Plan Provisions

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                 | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a ten-year certain and life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a life annuity, ten-year certain and life annuity, joint and 50%, 66 2/3%, 75% and 100% contingent annuities with a joint annuitant, social security adjustment, and a cash-out of the lump sum value of a participant's accrued benefit if the lump sum value is less than \$5,000. |
| <b>Pension Increases</b>                | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Plan participants' contributions</b> | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Plan Name:      | thyssenkrupp Defined Benefit Pension Plan North America |
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| Plan Sponsor:   | thyssenkrupp North America, LLC                         |
| Valuation Date: | January 1, 2022                                         |

# SCHEDULE SB ATTACHMENTS

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## **Actuarial Equivalence**

Factors to convert from the Ten-Year Certain and Life Annuity to other annuity forms are listed in Appendix A of the plan document.

Actuarial equivalence for cash-out purposes is based on the applicable mortality table specified in IRC Section 417(e) and the interest rate described in IRC Section 417(e) for the November preceding the plan year in which the date of payment occurs.

## **Maximum on benefits and pay**

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

## **Future Plan Changes**

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

## **Changes in Benefits Valued Since Prior Year**

Effective December 31, 2021, the ThyssenKrupp Crankshaft Company Retirement Income Plan and ThyssenKrupp Industrial Solutions (USA), Inc. Retirement Plan merged into the ThyssenKrupp Materials NA, Inc. Pension Plan. The Plan was subsequently renamed the thyssenkrupp Defined Benefit Pension Plan North America, and plan sponsorship was transferred to thyssenkrupp North America, LLC.

Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
EIN / PN: 22-2393554/003  
Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022

**thyssenkrupp North America, LLC Defined Benefit Plans**

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**thyssenkrupp Defined Benefit Pension Plan North America**  
**Schedule of Assets Held at End of Year -**  
**Modified Cash Basis**

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**Form 5500, Schedule H, Line 4i**  
**EIN 22-2393554, Plan No. 003**  
**December 31, 2022**

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|------------------------------|----------------------------------|-------------|----------------------|
| Aetna Life Insurance Company | Money market insight fund        | \$ 585,741  | \$ 585,741           |

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2022**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 01/01/2022       | 0              | 15.00000                              | 0                   | 0                    |
| 2. Shortfall | 01/01/2021       | 4,097,391      | 14.00000                              | 3,945,804           | 382,047              |
| Total        |                  |                |                                       | 3,954,804           | 382,047              |

Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
 EIN / PN: 22-2393554/003  
 Plan Sponsor: thyssenkrupp North America, LLC  
 Valuation Date: January 1, 2022

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Line 24 Change in Actuarial Assumptions**

The mortality table for annuitants was changed from plan specific mortality to the IRS-prescribed fully generation table, as the plan specific mortality table that was adopted January 1, 2019 is no longer accurately predictive of future mortality effective January 1, 2022.

Plan Name: thyssenkrupp Defined Benefit Pension Plan North America  
EIN / PN: 22-2393554/003  
Plan Sponsor: thyssenkrupp North America, LLC  
Valuation Date: January 1, 2022