

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>HOWMET CORPORATION PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>016</u>
	1c Effective date of plan <u>12/12/1995</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HOWMET CORPORATION</u> <u>C/O ALCOA INC</u> <u>201 ISABELLA STREET</u> <u>PITTSBURGH, PA 15212-5858</u>	2b Employer Identification Number (EIN) <u>13-2838093</u> 2c Plan Sponsor's telephone number <u>412-553-4545</u> 2d Business code (see instructions) <u>332900</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2016</u>	<u>JOHN A KENNA, VP</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2016</u>	<u>JOHN A KENNA, VP</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 5371
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 3735
a(2) Total number of active participants at the end of the plan year	6a(2) 3578
b Retired or separated participants receiving benefits.....	6b 351
c Other retired or separated participants entitled to future benefits.....	6c 1073
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 5002
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 37
f Total. Add lines 6d and 6e	6f 5039
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 147
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan HOWMET CORPORATION PENSION PLAN	B Three-digit plan number (PN) 016
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOWMET CORPORATION	D Employer Identification Number (EIN) 13-2838093
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	120509267	
	b Actuarial value	2b	115783762	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	354	16738658	16738658
	b For terminated vested participants	1464	23866683	23866683
	c For active participants	3299	73300915	75047775
	d Total	5117	113906256	115653116
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.33%	
6	Target normal cost	6	4250968	

Statement by Enrolled Actuary

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

SIGN HERE		09/29/2016
	Signature of actuary	Date
PATRICK A. GRAHAM	Type or print name of actuary	14-08256
		Most recent enrollment number
BUCK CONSULTANTS, LLC	Firm name	412-281-2506
		Telephone number (including area code)
11 STANWIX STREET, SUITE 700 PITTSBURGH, PA 15222-1312	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>18.13</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		751
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.53</u> %		49
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		800
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	100.11 %
15 Adjusted funding target attainment percentage	15	100.11 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.68 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2015	1560298	0			
07/15/2015	1200000	0			
10/15/2015	1200000	0			
09/15/2016	314000	0			
			Totals ►	18(b)	4274298
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4120768
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	4250968	
b Excess assets, if applicable, but not greater than line 31a	31b	130646	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	4120322	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	4120322	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4120768	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	446	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor 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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan HOWMET CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	016
C Plan sponsor's name as shown on line 2a of Form 5500 HOWMET CORPORATION	D Employer Identification Number (EIN) 13-2838093	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: MARY P. MITCHELL	b EIN: 13-3954297
c Position: ENROLLED ACTUARY	
d Address: 11 STANWIX STREET, SUITE 700 PITTSBURGH, PA 15222-1312	e Telephone: 412-281-2506

Explanation: ENROLLED ACTUARY REASSIGNED WITHIN BUCK CONSULTANTS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2015 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>HOWMET CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>016</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HOWMET CORPORATION</u>	D Employer Identification Number (EIN) <u>13-2838093</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALCOA INC RETIREMENT PLAN MASTER TR

b Name of sponsor of entity listed in (a): ALCOA INC.

c EIN-PN <u>25-0317820-038</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>111620811</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan HOWMET CORPORATION PENSION PLAN	B Three-digit plan number (PN) ►	016
C Plan sponsor's name as shown on line 2a of Form 5500 HOWMET CORPORATION	D Employer Identification Number (EIN) 13-2838093	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
(1)	Employer contributions	1b(1)	2865631	314000
(2)	Participant contributions	1b(2)		
(3)	Other	1b(3)		
c	General investments:			
(1)	Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2)	U.S. Government securities	1c(2)		
(3)	Corporate debt instruments (other than employer securities):			
(A)	Preferred	1c(3)(A)		
(B)	All other	1c(3)(B)		
(4)	Corporate stocks (other than employer securities):			
(A)	Preferred	1c(4)(A)		
(B)	Common	1c(4)(B)		
(5)	Partnership/joint venture interests	1c(5)		
(6)	Real estate (other than employer real property)	1c(6)		
(7)	Loans (other than to participants)	1c(7)		
(8)	Participant loans	1c(8)		
(9)	Value of interest in common/collective trusts	1c(9)		
(10)	Value of interest in pooled separate accounts	1c(10)		
(11)	Value of interest in master trust investment accounts	1c(11)	117782207	111620811
(12)	Value of interest in 103-12 investment entities	1c(12)		
(13)	Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14)	Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15)	Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	120647838	111934811

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	64941	33917
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	64941	33917

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	120582897	111900894
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4274298	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4274298
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-1405786
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2868512

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10428911	
(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)		10428911
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)	274767	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	846837	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1121604
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11550515

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8682003
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: PRICEWATERHOUSECOOPERS LLC

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)				
4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)				
4b		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?		X		
p Were in-service distributions made during the plan year?		X		

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>HOWMET CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOWMET CORPORATION</u>	D Employer Identification Number (EIN) <u>13-2838093</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1926855</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>188</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:			
	a The corresponding number for the plan year immediately preceding the current plan year		15a	
	b The corresponding number for the second preceding plan year		15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:			
	a Enter the number of employers who withdrew during the preceding plan year		16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers		16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐			

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: <u>25</u> % Investment-Grade Debt: <u>42</u> % High-Yield Debt: <u>0</u> % Real Estate: <u>4</u> % Other: <u>29</u> % 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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies

Financial Statements

December 31, 2015 and 2014

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies

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Independent Auditor's Report

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Huck International Inc., Retirement Plant

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Alcoa Retirement Plan I (Alcoa Salary Plan), Alcoa Retirement Plan II (Alcoa Hourly Plan), Alcoa Subsidiaries Merged Inactive Plan (Alcoa Subsidiaries Merged Inactive Plan), Employees' Retirement Plan of Suriname Aluminum Company for Employees in Suriname Plan I (Suriname Plan I), Employees' Retirement Plan of Suriname Aluminum Company for Employees in Suriname Plan II (Suriname Plan II), Huck International Inc., Retirement Plan (Huck Plan), Howmet Corporation Muskegon County Operations Hourly Employees' Pension Plan (Muskegon Plan), and the Howmet Corporation Pension Plan (Howmet Plan) (each referred to as a "Plan"), which comprise the statements of individual plan net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in individual plan net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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



Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Bank of New York Mellon, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2015 and December 31, 2014 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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

The form and content of the information included in the financial statements, other than that derived from the information certified by the Bank of New York Mellon, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

Pittsburgh, Pennsylvania
October 3, 2016

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies
Statements of Individual Plan Net Assets Available for Benefits
December 31, 2015

	Alcoa Salary Plan	Alcoa Hourly Plan	Alcoa Subsidiaries Merged Inactive Plan	Suriname Plan I	Suriname Plan II	Huck Plan	Muskegon Plan	Howmet Plan	Total
Assets									
Plans' interest in Alcoa Inc. Retirement Plans' Master Trust at fair value (Notes 2 and 3)	\$ 3,661,163,191	\$ 3,498,601,681	\$ 320,329,023	\$ 133,595,160	\$ 88,705,783	\$ 18,184,461	\$ 84,206,653	\$ 111,620,811	\$ 7,916,406,763
Employer contributions receivable	49,367,000	2,412,000	4,884,164	-	540,365	-	1,540,514	314,000	59,058,043
Total assets	<u>3,710,530,191</u>	<u>3,501,013,681</u>	<u>325,213,187</u>	<u>133,595,160</u>	<u>89,246,148</u>	<u>18,184,461</u>	<u>85,747,167</u>	<u>111,934,811</u>	<u>7,975,464,806</u>
Liabilities									
Administrative expenses payable	542,552	617,109	133,807	27,219	44,892	18,540	24,650	33,917	1,442,686
Total liabilities	<u>542,552</u>	<u>617,109</u>	<u>133,807</u>	<u>27,219</u>	<u>44,892</u>	<u>18,540</u>	<u>24,650</u>	<u>33,917</u>	<u>1,442,686</u>
Net assets available for benefits	<u>\$ 3,709,987,639</u>	<u>\$ 3,500,396,572</u>	<u>\$ 325,079,380</u>	<u>\$ 133,567,941</u>	<u>\$ 89,201,256</u>	<u>\$ 18,165,921</u>	<u>\$ 85,722,517</u>	<u>\$ 111,900,894</u>	<u>\$ 7,974,022,120</u>

The accompanying notes are an integral part of these financial statements.

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies
Statements of Individual Plan Net Assets Available for Benefits
December 31, 2014

	Alcoa Salary Plan	Alcoa Hourly Plan	Alcoa Subsidiaries Merged Inactive Plan	Suriname Plan I	Suriname Plan II	Huck Plan	Muskegon Plan	Howmet Plan	Total
Assets									
Plans' interest in Alcoa Inc. Retirement Plans' Master Trust at fair value (Notes 2 and 3)	\$ 4,003,047,248	\$ 3,882,812,794	\$ 343,960,036	\$ 147,400,658	\$ 98,057,083	\$ 19,738,064	\$ 92,264,372	\$ 117,782,207	\$ 8,705,062,462
Employer contributions receivable	<u>87,569,915</u>	<u>78,452,989</u>	<u>7,119,856</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,472,398</u>	<u>2,865,631</u>	<u>178,480,789</u>
Total assets	<u>4,090,617,163</u>	<u>3,961,265,783</u>	<u>351,079,892</u>	<u>147,400,658</u>	<u>98,057,083</u>	<u>19,738,064</u>	<u>94,736,770</u>	<u>120,647,838</u>	<u>8,883,543,251</u>
Liabilities									
Amount due to successor trustee	62,016,882	55,058,886	-	-	-	-	-	-	117,075,768
Administrative expenses payable	<u>1,026,150</u>	<u>1,284,668</u>	<u>130,090</u>	<u>11,264</u>	<u>17,202</u>	<u>11,598</u>	<u>31,063</u>	<u>64,941</u>	<u>2,576,976</u>
Total liabilities	<u>63,043,032</u>	<u>56,343,554</u>	<u>130,090</u>	<u>11,264</u>	<u>17,202</u>	<u>11,598</u>	<u>31,063</u>	<u>64,941</u>	<u>119,652,744</u>
Net assets available for benefits	<u>\$ 4,027,574,131</u>	<u>\$ 3,904,922,229</u>	<u>\$ 350,949,802</u>	<u>\$ 147,389,394</u>	<u>\$ 98,039,881</u>	<u>\$ 19,726,466</u>	<u>\$ 94,705,707</u>	<u>\$ 120,582,897</u>	<u>\$ 8,763,890,507</u>

The accompanying notes are an integral part of these financial statements.

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies
Statements of Changes in Individual Plan Net Assets Available for Benefits
Year Ended December 31, 2015

	Alcoa Salary Plan	Alcoa Hourly Plan	Alcoa Subsidiaries Merged Inactive Plan	Suriname Plan I	Suriname Plan II	Huck Plan	Muskegon Plan	Howmet Plan	Total
Additions									
Employer contributions	\$ 178,914,401	\$ 55,712,000	\$ 13,536,656	\$ -	\$ 1,927,460	\$ -	\$ 5,223,056	\$ 4,274,298	\$ 259,587,871
Deductions									
Plans' interest in Alcoa Inc. Retirement Plans'									
Master Trust investment loss	45,738,764	43,598,181	4,114,501	1,768,938	1,175,196	234,084	1,019,877	1,405,786	99,055,327
Benefit payments	430,530,167	393,567,090	31,488,556	11,841,016	9,252,004	1,191,701	12,384,545	10,428,911	900,683,990
Transfer to successor trustee	727,031	983,139	-	-	-	-	-	-	1,710,170
Administrative expenses	19,504,931	22,089,247	3,804,021	211,499	338,885	134,760	801,824	1,121,604	48,006,771
Net Decrease	(317,586,492)	(404,525,657)	(25,870,422)	(13,821,453)	(8,838,625)	(1,560,545)	(8,983,190)	(8,682,003)	(789,868,387)
Net assets available for benefits									
Beginning of the year	4,027,574,131	3,904,922,229	350,949,802	147,389,394	98,039,881	19,726,466	94,705,707	120,582,897	8,763,890,507
End of year	<u>\$ 3,709,987,639</u>	<u>\$ 3,500,396,572</u>	<u>\$ 325,079,380</u>	<u>\$ 133,567,941</u>	<u>\$ 89,201,256</u>	<u>\$ 18,165,921</u>	<u>\$ 85,722,517</u>	<u>\$ 111,900,894</u>	<u>\$ 7,974,022,120</u>

The accompanying notes are an integral part of these financial statements.

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies
Statements of Changes in Individual Plan Net Assets Available for Benefits
Year Ended December 31, 2014

	Alcoa Salary Plan	Alcoa Hourly Plan	Alcoa Subsidiaries Merged Inactive Plan	Suriname Plan I	Suriname Plan II	Huck Plan	Muskegon Plan	Howmet Plan	Total
Additions									
Employer contributions	\$ 185,276,660	\$ 171,452,956	\$ 12,342,424	\$ -	\$ 830,126	\$ -	\$ 5,206,592	\$ 6,599,524	\$ 381,708,282
Plans' interest in Alcoa Inc. Retirement Plans'									
Master Trust investment income	643,347,382	630,958,174	54,131,855	23,319,113	15,551,579	3,134,328	14,554,414	18,769,459	1,403,766,304
Deductions									
Benefit payments	429,934,261	450,295,422	20,938,618	9,879,420	7,819,525	1,121,050	8,193,978	11,103,162	939,285,436
Transfer to successor trustee	62,016,882	55,058,886	-	-	-	-	-	-	117,075,768
Administrative expenses	20,864,329	22,670,260	3,055,884	167,274	247,677	110,452	767,077	1,081,731	48,964,684
Net Increase	315,808,570	274,386,562	42,479,777	13,272,419	8,314,503	1,902,826	10,799,951	13,184,090	797,224,466
Net assets available for benefits									
Beginning of the year	3,711,765,561	3,630,535,667	308,470,025	134,116,975	89,725,378	17,823,640	83,905,756	107,398,807	8,083,741,809
End of year	<u>\$ 4,027,574,131</u>	<u>\$ 3,904,922,229</u>	<u>\$ 350,949,802</u>	<u>\$ 147,389,394</u>	<u>\$ 98,039,881</u>	<u>\$ 19,726,466</u>	<u>\$ 94,705,707</u>	<u>\$ 120,582,897</u>	<u>\$ 8,763,890,507</u>

The accompanying notes are an integral part of these financial statements.

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2015 and 2014

1. Description of Plans

The following description of each Plan's provisions provides only general information. Participants should refer to each Plan document for a more complete description of each Plan's provisions.

General

The Alcoa Inc. and Subsidiary Companies ("Alcoa" or the "Company") Alcoa Retirement Plan I (Alcoa Salary Plan), Alcoa Retirement Plan II (Alcoa Hourly Plan), Alcoa Subsidiaries Merged Inactive Plan (Alcoa Subsidiaries Merged Inactive Plan), Employees' Retirement Plan of Suriname Aluminum Company for Employees in Suriname Plan I (Suriname Plan I), Employees' Retirement Plan of Suriname Aluminum Company for Employees in Suriname Plan II (Suriname Plan II), Huck International, Inc. Retirement Plan (Huck Plan), Howmet Corporation Muskegon County Operations Hourly Employees' Pension Plan (Muskegon Plan) and the Howmet Corporation Pension Plan (Howmet Plan) (each referred to as the "Plan") are noncontributory defined benefit plans that cover United States employees and certain employees in foreign countries and participate in the Alcoa Inc. Retirement Plans' Master Trust ("Alcoa Master Trust" or "Master Trust") at December 31, 2015 and 2014.

The investments of the Plans are maintained under one trust pursuant to a "Master Trust Agreement" with the trustee, The Bank of New York Mellon ("trustee").

All fiduciary responsibility for the Plans is maintained by the Alcoa Benefits Management Committee. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plans provide, in general, for monthly pensions upon retirement at or after age 65, or earlier upon disability, incapacity, special circumstances or with certain minimum age and service requirements. Pension benefits generally depend upon length of service, job grade or remuneration, and certain social security and other benefits.

Eligibility and Vesting

Employees hired before March 1, 2006 are eligible to participate in the Alcoa Salary Plan after they have attained age 21 with one year of service. Effective March 1, 2006, certain new hires are not eligible to participate in the Alcoa Salary Plan. Certain hourly employees are eligible to participate in the Alcoa Hourly Plan after they have attained age 21 with one year of service.

Suriname salaried employees hired after December 31, 2011 are no longer eligible to participate in Suriname Plan I. Suriname hourly employees hired after December 31, 2012 are no longer eligible to participate in Suriname Plan II. If hired prior to these dates, employees are eligible to participate in Suriname Plan I and Suriname Plan II after they have attained age 21 with one year of service.

There are no longer any active participants accruing benefits in the Alcoa Subsidiaries Merged Inactive Plan or the Huck Plan. Benefits are being provided to retired participants and will be provided to deferred vested participants in accordance with Plan provisions applicable at the time of their termination.

Employees hired or rehired prior to January 1, 1999 are eligible to participate immediately in the Muskegon Plan.

Nonunion hourly-paid employees are eligible to participate immediately in the Howmet Plan. Effective January 1, 2002, certain salaried employees commenced participation in Alcoa Plan I.

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2015 and 2014

All eligible participants currently accruing benefits in the Plans fully vest after a five-year period except the eligible participants in the Muskegon Plan which fully vest after five years of continuous service and the eligible salaried participants in the Howmet Plan which fully vest after three years of service.

Benefit Provisions

The benefit provisions for the Alcoa Salary Plan, the Suriname Plan I, and the Howmet Plan determine the retirement benefit on a compensation-based formula.

The Alcoa Hourly Plan, the Suriname Plan II, and the Muskegon Plan determine the retirement benefits on a factor times years of service.

Benefit provisions for certain participants of the Alcoa Subsidiaries Merged Inactive Plan determine the retirement benefit on a compensation-based formula while the remaining is based on hypothetical account balances.

The benefit provisions for the Huck plan determine benefits for service through December 31, 2001 based on a percentage of monthly earnings. This percentage was based on age at month end.

Normal retirement for the Alcoa Salary Plan, the Alcoa Hourly Plan, the Alcoa Subsidiaries Merged Inactive Plan and the Huck Plan is age 65 with five years of service.

Normal retirement for the Suriname Plan I is age 60 with 18 months of service or age 55 with 30 years of service.

Normal retirement for the Suriname Plan II is the earlier of the date of (i) age 60, or (ii) the later of the date of age 65 or 18 months of service.

Normal retirement for the Muskegon Plan and the Howmet Plan is age 62 with five years of service.

Risks and Uncertainties

The Plans invest in investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of individual plan net assets available for benefits.

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

Termination of Plans

Benefits under the Plans are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Should the Plans' terminate at some future time, the net assets of the Plans 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 PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

A full description of each Plan's termination priorities is available in each Plan document.

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2015 and 2014

Recently Adopted Accounting Standards

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts but will continue to provide certain disclosures that help users understand the nature and risks of fully benefit-responsive investment contracts. Upon adoption, contract value will be the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III provides a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and III are not applicable to the Plans. Management has adopted Part II of ASU 2015-12 and its application was applied retrospectively.

In May 2015, the FASB issued ASU 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. Under the amendments in this ASU, investments for which fair value is measured at net asset value per share (or its equivalent) using the practical expedient are no longer categorized in the fair value hierarchy. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Management has adopted the ASU and its application was applied retrospectively.

Separation of Upstream and Value-Add Businesses

On September 28, 2015, the Alcoa Inc. Board of Directors unanimously approved a plan to separate the Upstream business (Global Primary Products) from the Value-Add business (Global Rolled Products, Engineered Products and Solutions, and Transportation and Construction Solutions). The separation will result in two independent, publicly-traded companies. The transaction is expected to be completed in the second half of 2016.

As a result of the separation, two new plans will be created from the existing Alcoa Salary Plan and the Alcoa Hourly Plan, the Pension Plan for Certain Salaried Employees of Alcoa USA Corp and the Pension Plan for Certain Hourly Employees of Alcoa USA Corp. Obligations associated with certain employees and the related assets to fund such obligations from the Alcoa Salary Plan and the Alcoa Hourly Plan will be transferred to these new plans with no reduction or increase in participant benefits accumulated at the time of transfer.

This future separation had no effect on the 2015 financial statements for any of the plans.

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2015 and 2014

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plans are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Plans' interest in Alcoa Inc. Retirement Plans' Master Trust Investment income and loss includes the Plans' unrealized and realized gains and losses on investments, dividends, interest income, and investment management/trustee fees.

The fair value of the Plans' interest in the Master Trust is based on the beginning-of-year value of the Plans' interest in the Master Trust plus actual contributions and allocated investment income less actual distributions, allocated investment loss and administrative expenses.

The individual Plans participate in the operations of the Master Trust through the purchase and sale of units. Cash inflows and outflows between the Plans and the Master Trust are accounted for at the beginning-of-the-month unit value. Units are revalued monthly to reflect changes in the investment values. Net investment income and losses are allocated to the Plans that participate in the Master Trust based on each Plan's units held.

Benefit Payments

Benefit payments to participants are recorded when paid.

Administrative Expenses

Trustee, audit, legal, actuarial, recordkeeping, and other administrative expenses are paid by the Plans.

Investment Management Fees

Investment management fees are paid by the Plans and are included in Plans' interest in Alcoa Inc. Retirement Plans' Master Trust Investment income and loss.

Employer Contributions Receivable

Employer contributions receivable represent the remaining funding amounts Alcoa is required to contribute to meet the minimum contribution levels established by law or as a result of a formal commitment by Alcoa to make a contribution into the respective Plans.

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2015 and 2014

Funding Policy

The Plans are defined benefit pension plans. No employee contributions to the Plans are required or permitted. Alcoa contributes such amounts as are necessary on an actuarial basis to provide the individual Plans with assets sufficient to meet the benefits to be paid to current and future retirees or their beneficiaries. The minimum contributions required, if any, for the Plans are designed to fund the Target Normal cost and an amortization installment towards any funding shortfalls. A funding shortfall occurs when there is an excess of Funding Target liability over the Actuarial Value of Plan Assets. The amortization installment is designed to fully fund the funding shortfall in a given year over a 7 year period. Alcoa may also voluntarily contribute amounts in excess of those minimum required amounts to meet certain funding thresholds or company objectives.

The actuarial determined pension contribution is calculated using the Unit Credit Cost Method. The Funding Target liability is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected expenses to be paid from plan assets during the year.

The Plans have met the minimum funding requirements under the provisions of ERISA in 2015 and 2014.

Investment Policy and Strategy

The Alcoa Master Trust's investment policy and weighted average asset allocations at December 31, 2015 and 2014, by asset category, are as follows:

Asset Category	Policy Range
Equity securities	20-55%
Debt securities	25-55
Other	15-35

The principal objectives underlying the investments of the Alcoa Master Trust's assets are to ensure that Alcoa can properly fund benefit obligations as they become due under a broad range of potential economic and financial scenarios, maximize the long-term investment return with an acceptable level of risk based on such obligations, and to broadly diversify investments across and within the capital markets to protect asset value against adverse market movements in any one market. Specific objectives for long-term investment strategy include reducing the volatility of pension assets relative to pension liabilities and achieving risk factor diversification across the balance of the asset portfolio. Investments are diversified by strategy, asset class, geography, and sector to enhance returns and mitigate downside risk. A large number of external investment managers are used to gain broad exposure to the financial markets and to mitigate manager concentration risk.

Investment practices must comply with the requirements of ERISA and any other applicable laws and regulations. The use of derivative instruments is permitted where appropriate and necessary for achieving overall investment policy objectives. Derivatives are used to, (1) manage interest rate risk within the portfolio, (2) manage exposure to a market more efficiently than could be accomplished through the use of cash markets, and (3) increase investment returns by reducing the cost of structuring the portfolio or by capturing value disparities between financial instruments. The Master Trust utilizes exchange traded instruments such as interest rate futures, options on futures, interest rate swaps and foreign currency forward contracts.

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies **Notes to Financial Statements** **December 31, 2015 and 2014**

3. Plans' Interest in Alcoa Inc. Retirement Plans' Master Trust

The Plans' investments are held in the Alcoa Master Trust. At December 31, Master Trust net assets were comprised of the following:

	2015	2014
Assets		
Investments at fair value		
Cash and cash equivalents	\$ 780,853,686	\$ 189,160,330
Fixed income securities	2,582,161,521	3,653,540,288
Equity securities - common stocks	202,774,938	265,587,392
Equity securities - registered investment companies	567,946,157	718,097,053
Equity securities - commingled trust funds	284,392,435	438,673,879
Futures contracts	(2,595,765)	165,989
Gold trust-exchange traded fund	125,508,394	140,344,262
Alternative investments	<u>3,372,951,657</u>	<u>3,289,247,424</u>
Total investments at fair value	7,913,993,023	8,694,816,617
Receivable for sales pending settlement and interest earned (net of payable for investments purchased)	<u>2,413,740</u>	<u>10,245,845</u>
Total value of interest in Alcoa Inc. Retirement Plans' Master Trust at fair value	<u><u>\$ 7,916,406,763</u></u>	<u><u>\$ 8,705,062,462</u></u>

For the years ended December 31, Master Trust investment income (loss) was comprised of the following:

	2015	2014
Investment income		
Interest	\$ 36,710,613	\$ 39,049,105
Dividends	13,960,546	19,209,275
Net increase (decrease) in fair value of investments		
Fixed income securities	(158,251,816)	934,413,516
Equity securities - common stocks	(801,938)	38,009,100
Equity Securities - registered investment companies	(13,872,321)	41,663,695
Equity securities - commingled trust funds	(32,993,085)	73,837,639
Gold trust - exchange traded fund	(14,848,781)	(2,945,213)
Alternative investments	83,555,475	274,654,258
Investment management/trustee fees	<u>(12,514,020)</u>	<u>(14,125,071)</u>
	<u><u>\$ (99,055,327)</u></u>	<u><u>\$ 1,403,766,304</u></u>

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The following table lists the ownership percentage of the Plans in the Alcoa Master Trust net assets as of December 31:

	2015	2014
Alcoa Salary Plan	46.25 %	45.99 %
Alcoa Hourly Plan	44.19	44.60
Alcoa Subsidiaries Merged Inactive Plan	4.05	3.95
Suriname Plan I	1.69	1.69
Suriname Plan II	1.12	1.13
Huck Plan	0.23	0.23
Muskegon Plan	1.06	1.06
Howmet Plan	1.41	1.35
	<u>100.00 %</u>	<u>100.00 %</u>

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Account Standards Codification* (ASC) No. 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data correlation or other means.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2015 and 2014:

Cash and Cash Equivalents

Commingled funds are valued at the closing Net Asset Value (NAV) of shares held at year end as a practical expedient.

Interest-bearing cash is valued at carrying value which approximates fair value.

Fixed Income Securities

U.S. government debt is valued at the closing price reported on an active market on the last business day of each period presented.

U.S. and non-U.S. fixed interest obligations (principally corporate bonds and debentures) are valued through consultation and evaluation with brokers in the institutional market using quoted prices and other observable market data.

Commingled trust funds are valued at the NAV of shares held at year end as a practical expedient.

Equity Securities – Common Stocks, Gold Trust-Exchange Traded Fund, and Futures Contracts

Valued at the closing price reported on an active market on the last business day of each period presented.

Equity Securities – Commingled Trust Funds

Valued at the NAV of shares held at year end as a practical expedient.

Equity Securities – Registered Investment Companies

Valued at the NAV of shares held at year end. These funds are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. They are required to publish their daily NAV and to transact at that price and, therefore, are deemed to be actively traded with readily determinable fair values.

Alternative Investments

Valued primarily at the closing NAV of shares held at year end as a practical expedient as reported in audited financial statements. In the event that audited financial statements for these investments are not available in time to prepare the financial statements or management believes the value reported by the investment advisor does not accurately reflect fair value due to an event in the market place, management will adjust the reported value to fair value based upon information provided by the investment manager and independent valuation experts.

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The following table sets forth by level, within the fair value hierarchy, the Plans' assets at fair value as of December 31, 2015.

	Level 1	Level 2	Level 3	Assets Measured at Net Asset value ^(a)	Total
Fair Value Measurements at end of year					
Cash and cash equivalents	\$ 278,910,428	\$ -	\$ -	\$ 501,943,258	\$ 780,853,686
Equity securities - common stocks					
Real estate investment trusts	159,049,635	-	-	-	159,049,635
Other	43,725,303	-	-	-	43,725,303
Equity securities - registered investment companies	567,946,157	-	-	-	567,946,157
Equity securities - commingled trust funds	-	-	-	284,392,435	284,392,435
Fixed income securities					
U.S. government debt	2,391,565,430	-	-	-	2,391,565,430
Commingled trust funds	-	-	-	-	-
Corporate debt - other	-	190,596,091	-	-	190,596,091
Futures contracts	(2,595,765)	-	-	-	(2,595,765)
Gold Trust - exchange traded fund	125,508,394	-	-	-	125,508,394
Alternative Investments					
Private real estate - direct	-	-	-	159,136,275	159,136,275
Timber - direct	-	-	-	34,857,083	34,857,083
Venture capital - direct	-	-	-	155,979,260	155,979,260
Private equity - direct	-	-	-	185,058,281	185,058,281
Private debt - direct	-	-	-	29,300,792	29,300,792
Private equity/venture capital - fund of funds	-	-	-	69,447,805	69,447,805
Hedge funds	-	-	-	2,739,172,161	2,739,172,161
Total assets at fair value	<u>\$ 3,564,109,582</u>	<u>\$ 190,596,091</u>	<u>\$ -</u>	<u>\$ 4,159,287,350</u>	<u>\$ 7,913,993,023</u>

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

The following table sets forth by level, within the fair value hierarchy, the Plans' assets at fair value as of December 31, 2014.

	Level 1	Level 2	Level 3	Assets Measured at Net Asset value ^(a)	Total
Fair Value Measurements at end of year					
Cash and cash equivalents	\$ -	\$ -	\$ -	\$ 189,160,330	\$ 189,160,330
Equity securities - common stocks					
Real estate investment trusts	152,426,083	-	-	-	152,426,083
Other	113,161,309	-	-	-	113,161,309
Equity securities - registered investment companies	718,097,053	-	-	-	718,097,053
Equity securities - commingled trust funds	-	-	-	438,673,879	438,673,879
Fixed income securities					
U.S. government debt	2,908,764,320	-	-	-	2,908,764,320
Commingled trust funds	-	-	-	323,869,322	323,869,322
Corporate debt - other	-	420,906,646	-	-	420,906,646
Futures contracts	165,989	-	-	-	165,989
Gold Trust - exchange traded fund	140,344,262	-	-	-	140,344,262
Alternative Investments					
Private real estate - direct	-	-	-	205,881,308	205,881,308
Timber - direct	-	-	-	38,427,517	38,427,517
Venture capital - direct	-	-	-	152,623,285	152,623,285
Private equity - direct	-	-	-	254,823,630	254,823,630
Private debt - direct	-	-	-	39,812,400	39,812,400
Private equity/venture capital - fund of funds	-	-	-	85,003,712	85,003,712
Hedge funds	-	-	-	2,512,675,572	2,512,675,572
Total assets at fair value	<u>\$ 4,032,959,016</u>	<u>\$ 420,906,646</u>	<u>\$ -</u>	<u>\$ 4,240,950,955</u>	<u>\$ 8,694,816,617</u>

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

The Master Trust uses the NAV as a practical expedient for all of the underlying investments which (a) do not have a readily determinable fair value and (b) either have the attributes of an investment company or prepare their financial statements consistent with the measurement principals of an investment company.

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There have been no transfers between levels during the year.

The following table sets forth a summary of liquidity consideration of the investments classified as commingled trust funds and alternative investments.

Category of Investment	Investment Strategy	December 31, 2015 Fair Value	December 31, 2014 Fair Value	Unfunded Commitments at December 31, 2015	Remaining Life at December 31, 2015	Redemption Restrictions and Terms
Equity Securities- Commingled Trust Funds	Global Equity markets	\$ 284,392,435	\$ 438,673,879	Not Applicable	Not Applicable	(C)
Fixed Securities- Commingled Trust Funds	US Fixed markets	-	323,869,322	Not Applicable	Not Applicable	(C)
Private Real Estate - Direct	Global Private Real Estate strategy	159,136,275	205,881,308	4,737,260	Up to 2 years	(A)
Timber - Direct	Global Timber strategy	34,857,083	38,427,517	-	Up to 1 year	(A)
Venture Capital - Direct	Global Private Real Estate strategy	155,979,260	152,623,285	2,463,742	Up to 8 years	(A)
Private Equity - Direct	Global Private Equity strategy	185,058,281	254,823,630	22,923,347	Up to 10 years	(A)
Private Debt - Direct	Global Distressed Debt	29,300,792	39,812,400	17,381	Up to 10 years	(A)
Private Equity/Venture Capital Fund of Funds	Global Private Equity/Venture Capital strategy	69,447,805	85,003,712	12,826,436	Up to 7 years	(A)
Hedge Funds	Discretionary and Systematic Macro strategy	931,389,154	1,374,008,311	Not Applicable	Not Applicable	(B)
Hedge Funds	Long / Short Equity strategy	1,637,440,829	962,258,766	Not Applicable	Not Applicable	(B)
Hedge Funds	Equity strategy	170,342,178	176,408,495	Not Applicable	Not Applicable	(B)

- (A) Redemption not permitted during life of funds. Sale or transfer subject to approval of the general partner.
- (B) Hedge Fund Redemption terms vary by fund. Under normal conditions, 82% liquidity is typically available within 180 days, but can be further restricted based on actions of other investors. When investor restrictions are in place, 87% of funds are available with one year.
- (C) Redemption terms vary by fund. Full liquidity is available within 30 days.

5. Derivatives

Derivatives Policy

The Master Trust enters into contractual arrangements classified as derivatives in carrying out its investment strategy, principally to (1) manage interest rate risk within the portfolio, (2) manage exposure to a market more efficiently than could be accomplished through the use of cash markets, and (3) increase investment returns by reducing the cost of structuring the portfolio or by capturing value disparities between financial instruments. The Master Trust utilizes exchange traded instruments such as interest rate futures, options on futures, interest rate swaps and foreign currency forward contracts. The Plan is subject to enforceable master netting arrangements, or netting arrangements, with certain counterparties. Master netting agreements may not be specific to each different asset type; in such instances, they would allow the company to close out and net its total exposure to a specified counter party in the event of a default.

The following is a summary of the Master Trust's usage of derivatives:

Futures Contracts

A futures contract is a contractual agreement to make or take delivery of a standardized quantity of a specified grade or type of commodity or financial instrument at a specified future date in accordance with terms specified by a regulated future exchange.

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The Master Trust may use treasury, Eurodollar, and other fixed income futures contracts to manage exposure to interest rate risk and exposure in the market. Buying futures tends to increase the Master Trust's exposure to the underlying instrument held, while selling futures tends to reduce the exposure. The balance of futures at year-end is indicative of the average balance during the year.

A summary of the open futures contracts as of December 31, 2015 and 2014 is presented below:

	Long Contracts				Short Contracts			
	2015 Number of Contracts	2015 Aggregate Face Value	2015 Unrealized Gain/Loss	2015 Variation Margin	2015 Number of Contracts	2015 Aggregate Face Value	2015 Unrealized Gain/Loss	2015 Variation Margin
90 Day Eurodollar Future	-	\$ -	\$ -	\$ -	520	\$ 128,077,025	\$ 367,935	\$ -
US Treasury Bond Future	-	-	-	-	34	5,227,500	(22,578)	(17,000)
US 10 Year Treasury Notes Future	16,085	2,025,202,031	(3,104,310)	-	3	377,719	1,547	(891)
US 5 Year Treasury Notes Future	-	-	-	-	139	16,446,524	26,062	(19,546)
US 2 Year Treasury Notes Future	10	2,172,344	(2,641)	469	-	-	-	-
US Ultra Bond Future	195	30,944,063	137,573	194,979	-	-	-	-
Grand total	16,290	\$ 2,058,318,438	\$ (2,969,378)	\$ 195,448	696	\$ 150,128,768	\$ 372,966	\$ (37,437)

	Long Contracts				Short Contracts			
	2014 Number of Contracts	2014 Aggregate Face Value	2014 Unrealized Gain/Loss	2014 Variation Margin	2014 Number of Contracts	2014 Aggregate Face Value	2014 Unrealized Gain/Loss	2014 Variation Margin
90 Day Eurodollar Future	190	\$ 46,820,750	\$ 17,306	\$ -	190	\$ 46,464,500	\$ (53,546)	\$ -
US Treasury Bond Future	-	-	-	-	1	144,563	(3,117)	-
US 10 Year Treasury Notes Future	-	-	-	-	2	253,594	(438)	-
US 5 Year Treasury Notes Future	-	-	-	-	152	18,077,313	72,672	-
US 2 Year Treasury Notes Future	-	-	-	-	-	-	-	-
US Ultra Bond Future	53	8,754,938	133,164	-	-	-	-	-
Grand total	243	\$ 55,575,688	\$ 150,470	\$ -	345	\$ 64,939,970	\$ 15,571	\$ -

Options on Futures Contracts

The Master Trust may buy or sell options on futures contracts to capture value disparities between financial instruments. Options strategies may be used to improve yields and enhance performance of the fixed income portfolio. Options on futures contracts are purchased or sold on regulated futures exchanges.

Interest Rate Swaps

The Master Trust may use interest rate swaps to manage exposure to interest rates within the portfolio or to capture value disparities between financial instruments. An interest rate swap typically involves the agreement with a counterparty to exchange variable rate and fixed rate payments with respect to a notional amount of principal on the value of an underlying instrument or index. Interest rate swaps are purchased or sold on regulated futures exchanges.

Foreign Currency Forwards

The Master Trust may use foreign currency forwards to capture value disparities between the fixed income and currency markets. Currency forwards may be purchased or sold to enhance returns in the fixed income portfolio. Foreign currency forwards are purchased or sold on regulated futures exchanges.

Activity and year end holdings of Options on Futures Contracts, Interest Rates Swaps and Foreign Currency Forwards were not material to the overall investment portfolio.

6. Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments that are attributable, under each Plan's provisions, to employees' service rendered to the benefit information date. Accumulated plan benefits comprise benefits expected to be paid to (a) retired or terminated employees or their

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beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The Plans' actuary made this determination.

Based upon actuarial estimates at December 31, 2014, the present value of accumulated plan benefits for the Plans included in the Master Trust is as follows:

	Actuarial Present Value of Accumulated Plan Benefits at December 31, 2014			
	Vested Benefits of Participants Currently Receiving Benefits	Other Vested Benefits	Nonvested Benefits	Total Present Value of Accumulated Plan Benefits
Alcoa Salary Plan	\$ 3,621,916,882	\$ 1,615,422,041	\$ 66,130,411	\$ 5,303,469,334
Alcoa Hourly Plan	3,408,220,349	1,039,328,495	51,195,673	4,498,744,517
Alcoa Subsidiaries Merged Inactive Plan	218,626,790	284,343,043	-	502,969,833
Suriname Plan I	127,511,968	25,391,965	2,149,940	155,053,873
Suriname Plan II	100,642,088	19,913,804	1,858,999	122,414,891
Huck Plan	5,042,785	9,555,714	-	14,598,499
Muskegon Plan	52,988,831	66,764,412	4,908,113	124,661,356
Howmet Plan	19,739,567	123,290,966	3,895,609	146,926,142

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

	Actuarial Present Value of Accumulated Plan Benefits December 31, 2013	Plan Amendments	Change in Actuarial Assumptions	Interest	Benefits Paid	Benefits Accumulated and Other Experience (A)	Actuarial Present Value of Accumulated Plan Benefits December 31, 2014
Alcoa Salary Plan	\$ 4,998,247,829	\$ -	\$ 455,923,287	\$ 229,597,474	\$ (429,934,261)	\$ 49,635,005 ^(B)	\$ 5,303,469,334
Alcoa Hourly Plan	4,358,747,910	26,111,856	347,192,725	198,412,810	(450,295,422)	18,574,638 ^(C)	4,498,744,517
Alcoa Subsidiaries Merged Inactive Plan	450,595,756	-	52,023,074	21,126,069	(20,938,618)	163,552	502,969,833
Suriname Plan I	141,745,760	-	13,969,152	6,566,690	(9,879,420)	2,651,691	155,053,873
Suriname Plan II	113,510,674	-	10,812,083	5,260,844	(7,819,525)	650,815	122,414,891
Huck Plan	14,543,385	-	722,628	671,177	(1,121,050)	(217,641)	14,598,499
Muskegon Plan	114,803,805	-	10,906,691	5,313,927	(8,193,978)	1,830,911	124,661,356
Howmet Plan	135,831,315	-	12,248,166	6,276,352	(11,103,162)	3,673,471	146,926,142

(A) Consists of expected increase in benefits and other experience.

(B) Includes a transfer out of the Plan of \$47,334,890 related to the Mt. Holly aluminum smelter sale as described in Footnote 10.

(C) Includes a transfer out of the Plan of \$34,713,359 related to the Mt. Holly aluminum smelter sale as described in Footnote 10.

The significant assumptions underlying the actuarial computations for the Plans at December 31, 2014 and 2013 are as follows:

Interest Rate

The interest rate used for the Plans is 4.00% and 4.80% as of December 31, 2014 and 2013, respectively. The cash balance interest rate is 3.00% for December 31, 2014 and 2013.

Life Expectancy of Participants

The following tables list the mortality tables used for the calculation of the Accumulated Plan Benefits and lump-sum distributions for each of the plans for the years ended 2014 and 2013.

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Plan	12.31.2014 Valuation	12.31.2013 Valuation
Alcoa Salary Plan (non Trinidad participants) Alcoa Subsidiaries Merged Inactive Plan (salaried employees) Huck Plan Howmet Plan (salaried employees)	For deaths after service retirement and deaths after disability retirement, RP-2014 tables for males and females, and the following improvement tables: <ul style="list-style-type: none"> Males - based on experience of Alcoa's salaried male population and trends to 0.65% ultimate improvement rate for ages less than 85, with the ultimate level grading to zero by age 115, achieved over a 20-year period Females - based on experience of Alcoa's hourly (male and female) and salaried female population and trends to 0.50% ultimate improvement rate for ages less than 85, with the ultimate level grading to zero by age 115, achieved over a 20-year period 	For deaths after service retirement and deaths after disability retirement, RP-2014 tables for males and females, and the following improvement tables: <ul style="list-style-type: none"> Males - based on experience of Alcoa's salaried male population and trends to 0.65% ultimate improvement rate for ages less than 85, with the ultimate level grading to zero by age 115, achieved over a 20-year period Females - based on experience of Alcoa's hourly (male and female) and salaried female population and trends to 0.50% ultimate improvement rate for ages less than 85, with the ultimate level grading to zero by age 115, achieved over a 20-year period
Alcoa Hourly Plan Alcoa Subsidiaries Merged Inactive Plan (hourly employees) Muskegon Plan Howmet Plan (hourly employees)	For deaths after service retirement and deaths after disability retirement, RP-2014 tables for males and females, with Blue Collar adjustment and an adjustment based on Alcoa's actual experience, and the following improvement table: <ul style="list-style-type: none"> Males and Females - based on experience of Alcoa's hourly (male and female) and salaried female population and trends to 0.50% ultimate improvement rate for ages less than 85, with the ultimate level grading to zero by age 115, achieved over a 20-year period 	For deaths after service retirement and deaths after disability retirement, RP-2014 tables for males and females, with Blue Collar adjustment and an adjustment based on Alcoa's actual experience, and the following improvement table: <ul style="list-style-type: none"> Males and Females - based on experience of Alcoa's hourly (male and female) and salaried female population and trends to 0.50% ultimate improvement rate for ages less than 85, with the ultimate level grading to zero by age 115, achieved over a 20-year period
Suriname Plan I Alcoa Salary Plan (Trinidad participants)	For deaths after service retirement and deaths after disability retirement, 2014 Prescribed IRS Static Tables.	For deaths after service retirement and deaths after disability retirement, 2013 Prescribed IRS Static Tables.
Suriname Plan II	For deaths after service retirement and deaths after disability retirement, IRS Prescribed 2014 Static Tables with Blue Collar adjustment for males and females with an adjustment based on Alcoa's actual experience.	For deaths after service retirement and deaths after disability retirement, IRS Prescribed 2013 Static Tables with Blue Collar adjustment for males and females with an adjustment based on Alcoa's actual experience.

Plan	2013/2014 Lump Sum Distributions
Alcoa Salary Plan Alcoa Hourly Plan Howmet Plan Alcoa Subsidiaries Merged Inactive Plan Muskegon Plan	For the 2013 and 2014 plan year, lump sum distributions are based on the PPA benefit calculated using modified segment rates and the Applicable Mortality Table as provided in Section 417(e)(3) of the Code.

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Retirement

The assumed weighted average retirement age is:

Alcoa Salary Plan	65
Alcoa Hourly Plan	64
Alcoa Subsidiaries Merged Inactive Plan	58
Suriname Plan I	58
Suriname Plan II	65
Huck Plan	66
Muskegon Plan	64
Howmet Plan	63

7. Tax Status

The Internal Revenue Service has determined and informed the Company that the Plans and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC)

The Plans have been amended since receiving the determination letters. However, the Plans' administrator and tax counsel believe that the Plans are designed and are currently being operated in compliance with the applicable requirements of the IRC.

Determination letters received were dated as follows:

Alcoa Salary Plan	April 25, 2013
Alcoa Hourly Plan	June 4, 2013
Alcoa Subsidiaries Merged Inactive Plan	April 29, 2013
Suriname Plan I	February 29, 2012
Suriname Plan II	October 14, 2014
Huck Plan	May 13, 2013
Muskegon Plan	July 10, 2012
Howmet Plan	March 18, 2013

U.S. GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that would not be sustained upon examination by the IRS. The plan administrator and its tax counsel have analyzed the tax positions taken by the plan and has concluded that as of December 31, 2015, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure to the financial statements. As such, no reserve is required under U.S. GAAP. The plan is subject to audit by the IRS; however, there are no current IRS audits for any tax periods in progress. The plan administrator and its tax counsel believe the Plan is no longer subject to IRS audit outside the statutory audit period.

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8. Information Certified by the Plans' Trustee

The information included in the Plans' financial statements and Note 3 was prepared by Bank of New York Mellon, the Trustee of the Plans, as of and for the years ended December 31, 2015 and 2014 and furnished to the plan administrator. The plan administrator has obtained a certification from the Trustee that such information is complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Plans' management relies on third party valuation statements in valuing its alternative investments. In substantiating the reasonableness of the valuation information provided, management considers a variety of factors including review of methods and assumptions used by external sources, economic conditions, and market developments.

- Statements of Individual Plan Net Assets Available for Benefits – investments at fair value except for the alternative investments of \$3,372,951,657 and \$3,289,247,424 identified in Note 3 (and reflected in the table below) as of December 31, 2015 and 2014, respectively.

	2015	2014
Private real estate - direct	\$ 159,136,275	\$ 205,881,308
Timber - direct	34,857,083	38,427,517
Venture capital - direct	155,979,260	152,623,285
Private equity - direct	185,058,281	254,823,630
Private debt - direct	29,300,792	39,812,400
Private equity/venture capital - fund of funds	69,447,805	85,003,712
Hedge funds	2,739,172,161	2,512,675,572
Total assets at fair value	<u>\$ 3,372,951,657</u>	<u>\$ 3,289,247,424</u>

- Statements of Changes in Individual Plan Net Assets Available for Benefits – interest, dividends and net depreciation or appreciation in fair value of investments except for the net appreciation or depreciation in fair value of alternative investments of \$83,555,475 and \$274,654,258 (reflected in the table below) for years ended December 31, 2015 and 2014, respectively.

	2015	2014
Private real estate - direct	\$ 14,885,855	\$ 32,496,314
Timber - direct	(3,246,183)	2,953,272
Venture capital - direct	30,296,108	23,143,479
Private equity - direct	2,452,260	18,792,071
Private debt - direct	(4,167,310)	350,444
Private equity/venture capital - fund of funds	5,117,239	3,902,310
Hedge funds	38,217,506	193,016,368
Net appreciation/depreciation in fair value of alternative investments	<u>\$ 83,555,475</u>	<u>\$ 274,654,258</u>

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2015 and 2014

9. Related Party Transactions

The Plans invest in funds managed by The Bank of New York Mellon. The Bank of New York Mellon is the trustee as defined by the Plans; therefore, these transactions, and expenses paid to The Bank of New York Mellon, qualify as party-in-interest transactions.

Alcoa Inc. makes minimum funding contributions to the Plans; therefore, these transactions qualify as party-in-interest transactions.

10. Plan Specific Activities

Alcoa Salary and Hourly Plans

Alcoa Inc. sold its interest in the Mt. Holly aluminum smelter in Goose Creek, South Carolina, to the Century Aluminum Company on December 1, 2014. In accordance with the side agreement, Mt. Holly active and inactive participants in the Alcoa Salary and Hourly Plans had their liabilities and associated plan assets transferred to the Century Aluminum of South Carolina, Inc. Employees Retirement Plan in 2015. As a result, payables of \$62,016,882 and \$55,058,886 were established as of December 31, 2014 in the Alcoa Salary and Hourly Plans, respectively. The actual amounts transferred were \$62,743,913 and \$56,042,025, respectively. The additional amounts of \$727,031 and 983,139 are reflected as 2015 transfers. The Alcoa Salary and Alcoa Hourly Plans' actuarial present value of accumulated plan benefits for these participants were \$47,334,890 and \$34,713,359, respectively. This is reflected in the December 31, 2014 actuarial valuation.

Alcoa Hourly Plan

In 2015, plan amendments recognized the effect of participants receiving a pension factor increase at certain locations. The amendment increases the actuarial present value of accumulated plan benefits by \$1,059,000. This is not reflected in the December 31, 2014 actuarial valuation.

In 2014, United Steelworkers ratified a new five-year labor agreement. A plan amendment recognized the effect of participants receiving pension factor increases. This resulted in an increase of the actuarial present value of accumulated plan benefits by approximately \$23,590,000. Additional plan amendments recognizing the effect of participants receiving pension factor increases resulted in an increase of the actuarial present value of accumulated plan benefits by approximately \$318,000. This is reflected in the December 31, 2014 actuarial valuation.

Suriname Plan I

In 2015, plan amendments recognized the effect of a retirement window and immediate vesting for certain plan participants. These amendments increase the actuarial present value of accumulated plan benefits by \$6,322,000. This is not reflected in the December 31, 2014 actuarial valuation.

Suriname Plan II

In 2015, plan amendments recognized the effect of a retirement window, immediate vesting and factor increases for certain plan participants. These amendments increase the actuarial present value of accumulated plan benefits by \$7,128,000. This is not reflected in the December 31, 2014 actuarial valuation.

Employees' Retirement Plans of Alcoa Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2015 and 2014

2015 Contributions

On January 15, 2015 and September 15, 2015, Alcoa Inc. made cash contributions of \$67,465,789 and \$111,015,000 to its plans. In the plan financial statements, the \$178,480,789 is being applied to the 2014 plan year and is reflected as an employer contribution receivable on the Statements of Individual Plan Net Assets Available for Benefits and as an Employer Contribution on the Statements of Changes in Individual Plan Net Assets Available for Benefits.

Alcoa Salary Plan	\$ 87,569,915
Alcoa Hourly Plan	78,452,989
Alcoa Subsidiaries Merged Inactive Plan	7,119,856
Muskegon Plan	2,472,398
Howmet Plan	2,865,631

11. Commitments and Contingencies

The Alcoa Master Trust has capital commitments of \$42,968,166 and \$61,471,228 at December 31, 2015 and 2014, respectively, in relation to additional funding for Limited Partnerships in which it invests.

12. Subsequent Events

Management has evaluated the events and transactions that have occurred through October 3, 2016, the date the financial statements were available to be issued, and noted no items requiring adjustment of the financial statements or additional disclosures, other than that which is noted below.

On January 15, 2016, Alcoa Inc. made cash contributions of \$48,774,043 to its plans. On September 15, 2016 Alcoa Inc. made the cash contributions of \$10,284,000 to its plans. In the plan financial statements, the \$59,058,043 is being applied to the 2015 plan year and is reflected as an Employer contribution receivable on the Statements of Individual Plan Net Assets Available for Benefits and as an Employer contribution on the Statements of Changes in Individual Plan Net Assets Available for Benefits.

Alcoa Salary Plan	\$ 49,367,000
Alcoa Hourly Plan	2,412,000
Alcoa Subsidiaries Merged Inactive Plan	4,884,164
Suriname Plan II	540,365
Muskegon Plan	1,540,514
Howmet Plan	314,000

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form Is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ Round off amounts to nearest dollar.

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

A Name of plan HOWMET CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOWMET CORPORATION	D Employer Identification Number (EIN) 13-2838093
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	120,509,267	
b Actuarial value	2b	115,783,762	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	354	16,738,658	16,738,658
b For terminated vested participants.....	1,464	23,866,683	23,866,683
c For active participants.....	3,299	73,300,915	75,047,775
d Total.....	5,117	113,906,256	115,653,116
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.33%	
6 Target normal cost	6	4,250,968	

Statement by Enrolled Actuary

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

SIGN HERE	Patrick A. Graham PG Signature of actuary	<div style="text-align: right; font-size: 1.2em;">9/29/2016</div> Date 1408256 Most recent enrollment number 412-281-2506 Telephone number (including area code)
Patrick A. Graham Type or print name of actuary BUCK CONSULTANTS, LLC Firm name 11 STANWIX STREET, SUITE 700 PITTSBURGH PA 15222-1312 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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2015 v. 150123

HOWMET CORPORATION PENSION PLAN

EIN: 13-2838093

PN: 016

ATTACHMENT TO SCHEDULE SB OF 2015 FORM 5500

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	2,343.5529	0.0053	12.3455	679.0021
56	2,497.8560	0.0107	26.6580	1,492.8507
57	2,649.7606	0.0182	48.2567	2,750.6334
58	2,742.9646	0.0478	131.1087	7,604.3047
59	2,798.5825	0.0499	139.5450	8,233.1574
60	2,833.5987	0.0645	182.7274	10,963.6433
61	2,793.8870	0.0645	180.2809	10,997.1322
62	2,728.6367	0.1967	536.7196	33,276.6130
63	2,303.3077	0.1731	398.8091	25,124.9708
64	1,976.7508	0.1651	326.4123	20,890.3868
65	1,703.5069	0.2946	501.8468	32,620.0428
66	1,248.2157	0.2950	368.2665	24,305.5910
67	907.2795	0.2296	208.3485	13,959.3524
68	715.1957	0.2000	143.0391	9,726.6619
69	583.5448	0.2296	133.9886	9,245.2157
70	452.6144	1.0000	452.6144	31,683.0076
71	8.0000	1.0000	8.0000	568.0000
72	7.0000	1.0000	7.0000	504.0000
73	6.0000	1.0000	6.0000	438.0000
74	2.0000	1.0000	2.0000	148.0000
75	4.0000	1.0000	4.0000	300.0000
76	2.0000	1.0000	2.0000	152.0000
77	2.0000	1.0000	2.0000	154.0000
Total			3,821.9672	245,816.5658

WARA: Total (5) / (4) = 64.32 years

Note: The table presents values rounded to fewer significant digits than used in the calculations.

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

HOWMET CORPORATION PENSION PLAN

EIN: 13-2838093

PN: 016

ATTACHMENT TO SCHEDULE SB OF 2015 FORM 5500

Schedule SB, Line 24 –Change in Actuarial Assumptions

The expected rate of return on assets was changed from 8.00% to 7.75%. In addition, retirement rates were updated. The decrease in the expected long-term rate of return was due to a combination of a decrease in the 20-year moving average of annual performance and lower future expected market returns. The process relied on a combination of historical asset return information and forward-looking returns by asset class using information from various external investment managers and consultants. Retirement rates were adjusted to account for the increase in life expectancy noted in the Society of Actuaries report on mortality tables and the impact of the Great Recession on retirement savings which is expected to result in individuals working longer than previously assumed.

HOWMET CORPORATION PENSION PLAN

EIN: 13-2838093

PN: 016

ATTACHMENT TO SCHEDULE SB OF 2015 FORM 5500

Schedule SB, Line 26 – Schedule of Active Participant Data

Hourly and Salaried participants have been separated into two schedules.

Hourly Active Participants
DISTRIBUTED BY AGE AND SERVICE
AS OF JANUARY 1, 2015

AGE	SERVICE									
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+
< 25	12	46								
25 - 29	11	84	24	1						
30 - 34	9	81	41	22	1					
35 - 39	5	61	48	40	22					
40 - 44	10	85	49	47	49	1				
45 - 49	11	84	57	66	67	12	33	2		
50 - 54	2	78	75	60	90	24	87	25	4	
55 - 59	3	65	55	59	60	16	60	39	50	6
60 - 64	2	27	37	32	35	12	48	32	41	7
65 - 69	1	8	10	12	16	8	9	6	7	3
70+			3	1	3		6	2	1	2

Salary Active Participants
DISTRIBUTED BY AGE AND SERVICE WITH CORRESPONDING AVERAGE SALARY
AND CASH BALANCE ACCOUNT AS OF JANUARY 1, 2015

AGE		SERVICE									
		< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+
< 25	Number										
	Avg. Salary										
	Avg. CB Account										
25 - 29	Number										
	Avg. Salary										
	Avg. CB Account										
30 - 34	Number				6	2					
	Avg. Salary										
	Avg. CB Account										
35 - 39	Number				16	25					
	Avg. Salary					66,638					
	Avg. CB Account					4,627					
40 - 44	Number			3	14	53	9	5			
	Avg. Salary					67,713					
	Avg. CB Account					7,536					
45 - 49	Number				15	38	22	32	4		
	Avg. Salary					70,771	77,561	81,534			
	Avg. CB Account					9,691	14,194	15,988			
50 - 54	Number				19	52	27	112	50	18	
	Avg. Salary					66,792	75,504	78,952	85,770		
	Avg. CB Account					11,248	18,612	21,361	26,061		
55 - 59	Number				15	41	15	56	76	85	2
	Avg. Salary					74,036		68,334	73,535	69,674	
	Avg. CB Account					15,963		23,467	26,783	26,425	
60 - 64	Number				7	21	13	34	23	36	24
	Avg. Salary					67,223		67,409	62,647	64,432	76,074
	Avg. CB Account					15,151		56,057	48,842	40,032	49,953
65 - 69	Number				2	3		3	2	3	5
	Avg. Salary										
	Avg. CB Account										
70+	Number										1
	Avg. Salary										
	Avg. CB Account										

HOWMET CORPORATION PENSION PLAN

EIN: 13-2838093

PN: 016

ATTACHMENT TO SCHEDULE SB OF 2015 FORM 5500

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

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding and PBGC premium interest rates

For 2015 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%

Effective Interest Rate 6.33%
Based on constrained rates

For 2014 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.37%	4.99%
Second Segment Rate	4.05%	6.32%
Third Segment Rate	5.06%	6.99%

Effective Interest Rate 6.53%
Based on constrained rates

*Used for maximum tax-deduction and PBGC premium purposes

**Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants. Lump sum mortality tables are as prescribed by IRS Code 417(e).

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative and investment related expenses to be paid from plan assets during the year.

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

Salary increases

Cost-of-living plus additional increase varying by age. Select ages shown.

Age	Salaried Employees	Hourly Employees
	Annual Rate of Salary Increase	Annual Rate of Salary Increase
20	9.4%	5.8%
25	6.9	5.3
30	5.3	4.8
35	4.4	4.3
40	3.6	3.8
45	3.1	3.3
50	2.8	2.8
55	2.6	2.3
60	2.4	2.3
65	2.3	2.3
69	2.2	2.3

Cash Balance interest crediting rate

Current and Future Years:	3.00%
Prior Year:	3.00%

Expenses

Expected plan administrative and investment related expenses of \$1,070,000 were added to the Target Normal Cost.

Benefit limits

Limits on benefits due to section 415 of the Internal Revenue Code and limits on compensation due to section 401(a)(17) are not assumed to increase.

Frequency of optional payment forms

Howmet Salaried and Cercast Salaried – 100% lump sum at decrement. Howmet Hourly – 60% lump sum and 40% life annuity at decrement.

Marital percentage

80% male and female participants are assumed to be married upon commencement of coverage for death benefits. Husbands are assumed to be 3 years older than their wives.

Mortality table

The mortality table is applied on a static basis. Separate annuitant and non-annuitant tables were used.

Normal Retirement rates

Age	Salaried Employees	Hourly Employees
	Annual Rate of Normal Retirement	Annual Rate of Normal Retirement
62		35.0%
63		35.0
64		35.0
65	20.0%	35.0
66	20.0	35.0
67	20.0	25.0
68	20.0	20.0
69	20.0	25.0
70	100.0	100.0

Early Retirement rates

Age	Salaried Employees	Hourly Employees
	Annual Rate of Early Retirement	Annual Rate of Early Retirement
55	2.0%	3.0%
56	2.0	3.0
57	2.0	3.0
58	2.0	6.0
59	3.0	6.0
60	3.0	8.0
61	3.0	8.0
62	8.0	20.0
63	8.0	17.0
64	8.0	17.0

Terminated vested participants are assumed to commence receiving benefits at Normal Retirement Age or the earliest age eligible for unreduced benefits.

Withdrawal rates for active participants not eligible for retirement

Age	Hourly Annual Rates of			
	Withdrawal		Vesting	Disability
	Male	Female		
25	16.97%	16.00%	17.00%	.05%
30	13.00	14.00	11.00	.07
35	11.50	12.00	9.00	.08
40	11.00	10.00	7.00	.11
45	10.50	9.00	4.00	.23
50	10.50	8.00	3.00	.45
55	10.50	7.00	3.00	.77
60	10.50	7.00	3.00	.77
64	10.50	7.00	3.00	

Salaried Annual Rates of	
Age	Vesting
20	20.0%
25	20.0
30	16.0
35	11.0
40	7.0
45	5.0
50	4.0
55	4.0
60	4.0
64	4.0

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2015 Expected Return	7.75%	6.81%	6.81%
2014 Expected Return	8.00%	6.99%	6.99%
2013 Expected Return	8.50%	7.16%	7.16%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the January 1, 2014 Valuation

Prescribed Assumptions: The interest rates and mortality tables were updated to the current rates in accordance with PPA and HATFA.

Non-Prescribed Assumptions: The expected rate of return on assets was changed from 8.00% to 7.75%. In addition, retirement rates were updated. The decrease in the expected long-term rate of return was due to a combination of a decrease in the 20-year moving average of annual performance and lower future expected market returns. The process relied on a combination of historical asset return information and forward-looking returns by asset class using information from various external investment managers and consultants. Retirement rates were adjusted to account for the increase in life expectancy noted in the Society of Actuaries report on mortality tables and the impact of the Great Recession on retirement savings which is expected to result in individuals working longer than previously assumed.

These assumption changes increased the Funding Target approximately \$527,000 and decreased the plan's AFTAP by 0.5%.

HOWMET CORPORATION PENSION PLAN

EIN: 13-2838093

PN: 016

ATTACHMENT TO SCHEDULE SB OF 2015 FORM 5500

Schedule SB, Part V – Summary of Plan Provisions

Participation

All non-union hourly-paid employees at the following divisions:

Dover Casting (Dover/Laporte)
Laporte Casting (Dover/Laporte)
Hampton Casting (Hampton)
Wichita Falls Casting (Wichita Falls)
Wichita Falls Refurbishment Center (Wichita Falls)
Morristown Pattern Facility (Morristown)
Tempcraft, Inc. (Tempcraft)
Advanced Refurbishment Center (Refurbishment)
Howmet Refurbishment, Inc. Advanced Refurbishment Center (Refurbishment)
Tulsa Refurbishment Center (Tulsa)
Howmet Refurbishment, Inc. Refurbishment Center (Tulsa)
Plymouth Alloy Division (Plymouth)
Dover Alloy (Dover Alloy)
Winsted Machining Center (Winsted)
Turbine Components Corporation (TCC)

Accrued benefits

Consists of applicable pension factor times Years of Credited Service not less than any Minimum Benefit plus any Additional Benefits.

Location	Pension Factor
Dover Casting	\$21.50
LaPorte Casting	\$23.00
Hampton	\$24.50
Wichita Falls	\$23.00
Morristown	\$18.00
Tempcraft	\$12.00
Refurbishment	\$11.50
Tulsa	\$15.00
Plymouth	\$22.00
Dover Alloy	\$21.50
Winsted	\$12.00
TCC	\$16.50

Minimum benefits

Dover/LaPorte and Dover Alloy – 35% of Compensation at the later of age 50 or completion of five Years of Credited Service prior to age 55 (age 60 for Dover Alloy) less 65% of the Social Security Benefit at retirement multiplied by the ratio (not greater than 1.0) of Years of Service to ten.

Tempcraft - 0.6% of Final Average Earnings plus 0.6% of Final Average Earnings in excess of the Wage Base multiplied by Years of Credited Service and divided by 12.

Additional benefits

TCC – For service through December 10, 1991, \$16.00 pension factor. Service from January 1, 1997 only is credited with the \$13.50 factor.

Normal retirement

Eligibility is age 65 (age 62 for Dover/LaPorte and Dover Alloy). The monthly benefit is equal to the Accrued Benefit.

Delayed retirement

Eligibility is termination of employment after the Normal Retirement Date. The delayed retirement benefit is the Accrued Benefit including Credited Service after the Normal Retirement Date.

Early retirement

Location	Early Retirement Eligibility
Dover/LaPorte	Age 55 with 10 years of service
Tempcraft	Age 55 with 10 years of service
Tulsa	Age 55 with 10 years of service
Plymouth	Age 55 with 10 years of service
Dover Alloy	Age 55 with 10 years of service
Winsted	Age 55 with 10 years of service
Hampton	Age 57 with 10 years of service
Wichita Falls	Age 57 with 10 years of service
Morristown	Age 57 with 10 years of service
Refurbishment	Age 57 with 10 years of service
TCC	Age 57 with 10 years of service

Monthly benefit is the Accrued Benefit payable at age 65 or a reduced benefit payable immediately. The benefit is reduced 0.25% (0.5% for Plymouth) for each completed calendar month that benefits commence prior to age 65 (age 62 for Dover/LaPorte and Dover Alloy, and Plymouth with 10 years of service).

Disability retirement

Eligibility is Permanent Disability after 10 years of service. The disability retirement benefit is the Accrued Benefit reduced by worker's compensation or similar public disability benefits (except social security disability benefits) payable 26 weeks after Permanent Disability (immediate for Dover/Laporte, Dover Alloy and Plymouth).

Deferred vested benefit

Eligibility is 5 years of continuous service. The accrued normal retirement benefit is payable at the Normal Retirement Date. Reduced benefits are available at an earlier commencement with 10 years of service at the time of termination.

Preretirement spouse benefit

Eligibility is death after 5 years of service. The accrued benefit reduced for early commencement and the joint and 100 percent survivor option is payable immediately (for years prior to the early retirement date, the reduction is 0.17% for each complete calendar month). 85 percent of the lump sum value of the early retirement benefit is payable to the estate if not legally married at date of death or is not survived by an eligible spouse.

Normal form of payment

If a participant does not have an eligible spouse at retirement the benefit shall be paid in the form of a single life annuity. If there is an eligible spouse at retirement the benefit shall be paid as a joint and 50 percent survivor annuity with reductions starting at 10% based on the difference in age of the participant and their spouse.

Optional form of payment

Single lump sum, actuarially equivalent joint and survivor annuities and certain and life annuities.

Years of credited service

Measured in years and fractions of a year based on a ratio of hours to 1,700. An employee shall be credited with one year of credited service for every plan year in which he or she has worked 1,700 or more hours.

Years of continuous service

Measured in years and months with 1 month credited for each 83.3333 hours of service. An employee shall be credited with one year of continuous service for every plan year in which he or she has worked 1,000 or more hours.

Compensation

Dover/LaPorte, Dover Alloy - Base pay plus any salary or wage reduction under IRC Sections 125, 129, and 401(k) excluding any overtime, bonuses, sick pay, holiday and vacation pay and any payments over regular wages. Tempcraft: Annual pay including overtime, sick pay, holiday and vacation pay.

Final average earnings

The greater of (i) the average of the five consecutive calendar years out of the last 10 years of employment which produce the highest average or (ii) one-fifth of the total compensation for the last 60 months of employment.

Wage base

125 percent of covered compensation defined in IRC Section 401(1)(5)(E) and IRS Notice 89-70 as it applies to a person who attains age 65 in the plan year.

Social security benefit

The actual annual primary old age insurance benefit payable to a participant who retires on or after Normal Retirement Date. For someone who retires before Normal Retirement Date the primary old age insurance benefit shall be calculated assuming (i) for members terminating prior to age 55, wages remain constant to attainment of age 65 and no wages after age 65 (ii) for members terminating after age 55, no wages from termination to Normal Retirement Date (iii) 6% past wage increases (iv) wages commencing at age 22.

Contributions

All contributions to support the Plan are made by the Company.

Howmet Corporation Pension Plan Part IB

Howmet Corporation Salaried Employees' Pension Plan

Participation

All employees of Howmet Corporation compensated on a salaried basis.

Accrued benefit

The lifetime annuity Actuarially Equivalent to the Account Balance. This benefit shall not be less than the Accrued Benefit calculated on December 31, 1996 under the provisions of the plan at that date.

Account balance

The initial Account Balance is equal to the lump sum Actuarial Equivalent of the Accrued Benefit on December 31, 1996. The Account Balance thereafter is equal to the sum the initial account balance if applicable and the sum of the (a) and (b) below:

(a) The sum of (i) and (ii)

- (i) As of the last day of each month of active participation, a percentage of Earnings for the month based on the table below:

Age	Benefit Credit
Less than 30	3.0%
30 but not yet 35	3.5%
35 but not yet 40	4.5%
40 but not yet 50	5.5%
50 and over	7.0%

- (ii) An additional percentage of Earnings per month for those participants who were employees as of January 1, 1997 and at least age 45 as of that date. These additional credits were granted to eligible employees through the year 2006. The following percentages apply:

Age	Benefit Credit
45 but not yet 47	3.5%
47 but not yet 48	4.0%
48 but not yet 49	5.0%
49 but not yet 50	6.0%
50 and over	7.0%

- (b) As of the last day of each month the product of 1/12 the Applicable Interest Rate and the Account Balance on that date.

For those employees who do not meet the eligibility under (a)(ii) above, the account balance ceases to accrue credits under (a) effective December 31, 2001.

Applicable interest rate

The sum of the average yield in November of the preceding plan year on one-year Treasury Constant Maturities and one percentage point.

Earnings

Base Salary, overtime pay, annual cash bonuses, and commissions paid including any salary reductions under a qualified cash or deferred arrangement and contributions or deferrals under Section 125.

Actuarial equivalence

For determining the life annuity, use the Applicable Interest Rate and the 1994 Group Annuity Reserving Table Projected to 2000 with a 50% male/50% female weighting. For determining the initial Account Balance, apply the assumption in effect as of December 31, 1996.

Normal retirement

Eligibility is the later of age 65 or five years of service. The normal retirement benefit is the Actuarial Equivalent of the Account Balance.

Delayed retirement

Eligibility is continued service beyond the Normal Retirement Date. The delayed retirement benefit is the Actuarial Equivalent of the Account Balance.

Early retirement

Eligibility is age 55 and 5 years of service. The early retirement benefit is the Actuarial Equivalent of the Account Balance.

Disability retirement

Eligibility is total and permanent disability while an employee. The disabled retirement benefit is payable immediately and is the Actuarial Equivalent of the Account Balance.

Deferred vested benefit

Eligibility is 5 years of service. The deferred vested benefit is payable at age 65, unless requested in writing, at an earlier date, and is the Actuarial Equivalent of the Account Balance.

Preretirement spouse benefit

Eligibility is death while an employee after being vested in the plan. The beneficiary shall be paid a single lump sum equal to the Account Balance as of the date of death.

Normal form of payment

If a participant does not have an eligible spouse at retirement the benefit shall be paid in the form of a single life annuity. If there is an eligible spouse at retirement the benefit shall be paid as a joint and 50 percent survivor annuity Actuarially Equivalent to the single life annuity.

Optional forms of payment

Single lump sum, actuarially equivalent joint and survivor annuities and 10-year certain and life annuity.

Years of service

The number of whole years within the Employee's period of service as measured from the date the Employee first performs an hour or service. Service measurement complies with Treasury Regulation 1.410(a)-7.

Contributions

All contributions to support the Plan are made by the Company.

Howmet Cercast (U.S.A.), Inc. Combined Pension Plan

Participation

All Hourly and Salaried employees of Howmet Cercast (U.S.A.), Inc.

Salaried employees

The plan provisions for the Salaried employees of Cercast are summarized in the plan provisions under Howmet Corporation Pension Plan Part IB. All provisions are applicable except the addition credits cease to accrue for all Cercast Salaried employees effective December 31, 2001.

The following plan provisions are applicable to the Hourly employees of Cercast only:

Accrued benefit

Consists of \$11.50 times Years of Credited Service for Hillsboro and \$12.50 times Years of Credited Service for Bethlehem.

Normal retirement

Eligibility is age 65. The monthly amount is equal to the Accrued Benefit.

Delayed retirement

Eligibility is termination of employment after the normal retirement date. The delayed retirement benefit is the Accrued Benefit including Years of Credited Service after the Normal Retirement Date.

Early retirement

Eligibility is age 55 and 10 Years of Continuous Service. Monthly benefit is the Accrued Benefit payable at age 65 or the Accrued Benefit payable immediately reduced by .5% for each completed calendar month prior to age 65.

Disability retirement

Eligibility is Permanent Disability after 10 Years of Continuous Service. Monthly benefit is the Accrued Benefit reduced by worker's compensation or similar public disability benefits (excluding social security disability benefits) payable 26 weeks after Permanent Disability.

Deferred vested benefit

Eligibility is 5 years of continuous service. The monthly benefit is the Accrued Benefit payable at the normal retirement age.

Preretirement spouse benefit

Eligibility is death after five years of continuous service. The Accrued Benefit reduced for early commencement and the joint and 100 percent survivor option is payable immediately (for years prior to the early retirement date, the reduction is 0.17% for each complete calendar month). 85 percent of the lump sum value of the early retirement benefit is payable to the estate if the participant is not legally married at date of death or is not survived by an eligible spouse.

Normal form of payment

If a participant does not have an eligible spouse at retirement the benefit shall be paid in the form of a single life annuity. If there is an eligible spouse at retirement the benefit shall be paid as a joint and 50 percent survivor annuity with reductions starting at 10% based on the difference in age of the participant and their spouse.

EIN: 13-2838093 / PN: 016

Optional form of payment

Single lump sum, actuarially equivalent joint and survivor annuities and certain and life annuities.

Years of credited service

Measured in years and fractions of a year based on a ratio of hours to 2,080. An employee shall be credited with one Year of Credited Service for every plan year in which he or she has worked 2,080 or more hours.

Years of continuous service

Measured in years and months with one month credited for each 83.3333 hours of service. An employee shall be credited with one Year of Credited Service for every plan year in which he or she has worked 1,000 or more hours.

Contributions

All contributions to support the Plan are made by the Company.

Summary of Changes from the January 1, 2014 Valuation

None.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **Round off amounts to nearest dollar.**

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

A Name of plan HOWMET CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 016
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOWMET CORPORATION	D Employer Identification Number (EIN) 13-2838093
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2015	
2 Assets:	
a Market value	2a 120,509,267
b Actuarial value	2b 115,783,762
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 354 (2) Vested Funding Target 16,738,658 (3) Total Funding Target 16,738,658
b For terminated vested participants.....	1,464 23,866,683 23,866,683
c For active participants.....	3,299 73,300,915 75,047,775
d Total.....	5,117 113,906,256 115,653,116
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate.....	5 6.33%
6 Target normal cost.....	6 4,250,968

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

SIGN HERE	Patrick A. Graham	
	Signature of actuary	Date 1408256
Patrick A. Graham	Type or print name of actuary	Most recent enrollment number 412-281-2506
BUCK CONSULTANTS, LLC	Firm name	Telephone number (including area code)
11 STANWIX STREET, SUITE 700		
PITTSBURGH PA 15222-1312	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>18.13</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		751
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.53</u> %		49
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		800
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.11%
15 Adjusted funding target attainment percentage	15	100.11%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	96.68%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2015	1,560,298	0			
07/15/2015	1,200,000	0			
10/15/2015	1,200,000	0			
09/15/2016	314,000	0			
Totals ▶			18(b)	4,274,298	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4,120,768

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	4,250,968										
b Excess assets, if applicable, but not greater than line 31a	31b	130,646										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	4,120,322										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	0									
36 Additional cash requirement (line 34 minus line 35)	36	4,120,322										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4,120,768										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	446										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning _____ and ending _____		
A Name of plan	B Three-digit plan number (PN) ►	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

Part I	Asset and Liability Statement
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.	
Assets	<div style="display: flex; justify-content: space-between;"> (a) Beginning of Year (b) End of Year </div>
a Total noninterest-bearing cash.....	1a
b Receivables (less allowance for doubtful accounts):	
(1) Employer contributions	1b(1)
(2) Participant contributions.....	1b(2)
(3) Other.....	1b(3)
c General investments:	
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)
(2) U.S. Government securities.....	1c(2)
(3) Corporate debt instruments (other than employer securities):	
(A) Preferred.....	1c(3)(A)
(B) All other.....	1c(3)(B)
(4) Corporate stocks (other than employer securities):	
(A) Preferred.....	1c(4)(A)
(B) Common	1c(4)(B)
(5) Partnership/joint venture interests	1c(5)
(6) Real estate (other than employer real property)	1c(6)
(7) Loans (other than to participants).....	1c(7)
(8) Participant loans	1c(8)
(9) Value of interest in common/collective trusts	1c(9)
(10) Value of interest in pooled separate accounts	1c(10)
(11) Value of interest in master trust investment accounts	1c(11)
(12) Value of interest in 103-12 investment entities	1c(12)
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)
(15) Other	1c(15)

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

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l		
--	-----------	--	--

Part II Income and Expense Statement

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

Income

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

		(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)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

Expenses

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(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)	
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)	
(2) Contract administrator fees	2i(2)	
(3) Investment advisory and management fees	2i(3)	
(4) Other	2i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	
j Total expenses. Add all expense amounts in column (b) and enter total	2j	

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....				
4a				
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)				
4b				

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

[illegible]