

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> 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>TIMET DEFINED BENEFIT RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>021</u>
		1c	Effective date of plan <u>01/01/1987</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>TITANIUM METALS CORPORATION</u> <u>TIMET</u> <u>224 VALLEY CREEK BLVD., SUITE 200</u> <u>EXTON, PA 19341</u>	2b	Employer Identification Number (EIN) <u>13-5630895</u>
		2c	Plan Sponsor's telephone number <u>610-968-1300</u>
		2d	Business code (see instructions) <u>331400</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	CINDY HEATHERINGTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	CINDY HEATHERINGTON
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor VICE PRESIDENT HUMAN RESOURCES 224 VALLEY CREEK BLVD., SUITE 200 EXTON, PA 19341	3b Administrator's EIN 13-5630895
	3c Administrator's telephone number 610-968-1300
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 1257
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) 144
a(2) Total number of active participants at the end of the plan year	6a(2) 131
b Retired or separated participants receiving benefits.....	6b 657
c Other retired or separated participants entitled to future benefits.....	6c 172
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 960
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 258
f Total. Add lines 6d and 6e	6f 1218
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 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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 TIMET DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 021
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TITANIUM METALS CORPORATION	D Employer Identification Number (EIN) 13-5630895

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	93635610	
b Actuarial value	2b	91385153	
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	918	49548059	49548059
b For terminated vested participants	195	7064038	7064038
c For active participants	144	17868296	17967917
d Total	1257	74480393	74580014
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	6.14%	
6 Target normal cost	6	712036	

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		10/07/2016
Signature of actuary		Date
BRUCE R. MITTON		14-05511
Type or print name of actuary		Most recent enrollment number
MILLIMAN, INC.		503-227-0634
Firm name		Telephone number (including area code)
111 SW 5TH AVE SUITE 3700 PORTLAND, OR 97204		
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	3089660
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	3089660
10 Interest on line 9 using prior year's actual return of <u>11.30</u> %	0	349132
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		7031717
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>6.35</u> %		446514
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.....		7478231
d Portion of (c) to be added to prefunding balance		7478231
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	10917023

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	107.89 %
15 Adjusted funding target attainment percentage	15	122.53 %
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	106.17 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ 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

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 63
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	712036	
b Excess assets, if applicable, but not greater than line 31a	31b	712036	
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		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 TIMET DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ▶	021
C Plan sponsor's name as shown on line 2a of Form 5500 TITANIUM METALS CORPORATION	D Employer Identification Number (EIN) 13-5630895	

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)

MILLIMAN, INC.

91-0675641

(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?
11 17	NONE	64462	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUTTON FROST CARY LLP

75-2593210

(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?
10	NONE	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON ASSET SERVICING

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 21 25 59 62	NONE	19891	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

STOEL RIVES LLP

93-0408771

(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?
29	NONE	5651	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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 TIMET DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ►	021

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TITANIUM METALS CORPORATION	D Employer Identification Number (EIN) 13-5630895
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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: **PCC MSTR TRST-DEF. BEN PLANS**

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

c EIN-PN 13-7073447-001	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93691773
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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 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 TIMET DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ►	021
C Plan sponsor's name as shown on line 2a of Form 5500 TITANIUM METALS CORPORATION	D Employer Identification Number (EIN) 13-5630895	

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)	7635000		0
(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)	86157379		93691773
(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	93792379	93691773

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	173115	59342
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	173115	59342

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	93619264	93632431
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		6048918
(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		6048918

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5831508	
(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)		5831508
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)	132546	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	71697	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		204243
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6035751

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13167
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: SUTTON FROST CARY LLP

(2) EIN: 75-2593210

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.)		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.)		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			10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
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.		X		
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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>TIMET DEFINED BENEFIT RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>021</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TITANIUM METALS CORPORATION</u>	D Employer Identification Number (EIN) <u>13-5630895</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-7073447</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: <u>46</u> % Investment-Grade Debt: <u>15</u> % High-Yield Debt: <u>7</u> % Real Estate: <u>0</u> % Other: <u>32</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



TIMET Defined Benefit Retirement Plan

Financial Statements

December 31, 2015 And 2014

TIMET Defined Benefit Retirement Plan

Contents

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Independent Auditors' Report

To the Plan Administrator
TIMET Defined Benefit Retirement Plan

We were engaged to audit the accompanying financial statements of TIMET Defined Benefit Retirement Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with U.S. generally accepted auditing standards. 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 9, which was certified by Bank of New York Mellon, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2015 and 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 these 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 trustee, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

A handwritten signature in cursive script that reads "Sutton Frost Cary".

A Limited Liability Partnership

October 13, 2016
Arlington, Texas

TIMET Defined Benefit Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments at fair value:		
Plan interest in Master Trust with Bank of New York Mellon	\$ 93,691,773	\$ 86,157,379
Employer contribution receivable	<u>-</u>	<u>7,635,000</u>
Total assets	<u>93,691,773</u>	<u>93,792,379</u>
Liabilities -		
Accrued liabilities and other	<u>59,342</u>	<u>173,115</u>
Net assets available for benefits	<u><u>\$ 93,632,431</u></u>	<u><u>\$ 93,619,264</u></u>

See accompanying notes to financial statements.

TIMET Defined Benefit Retirement Plan
Statements of Changes in Net Assets for Benefits
Years Ended December 31, 2015 and 2014

	2015	2014
Additions:		
Plan interest in Master Trust with Bank of New York Mellon net investment income	\$ 6,048,918	\$ 9,056,913
Employer contributions	-	7,635,000
Total additions	6,048,918	16,691,913
Deductions:		
Benefits paid to participants	5,831,508	5,819,917
Administrative expenses	204,243	220,696
Total deductions	6,035,751	6,040,613
Net increase in net assets available for benefits	13,167	10,651,300
Net assets available for benefits at beginning of year	93,619,264	82,967,964
Net assets available for benefits at end of year	\$ 93,632,431	\$ 93,619,264

See accompanying notes to financial statements.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

1. Description of Plan

The following brief description of the TIMET Defined Benefit Retirement Plan (Plan) is provided for general informational purposes only. Participants should refer to the Plan documents for more complete information.

General

The Plan is a non-contributory defined benefit plan providing benefits for salaried employees of Titanium Metals Corporation (Company or TIMET). Salaried employees hired from January 1, 1987 through December 31, 1988, who attained the age of 21 and completed one year of continuous service, were eligible to participate in the Plan. Effective January 1, 1989, the Plan was closed to new participants, and participants ceased accruing additional service credit under the Plan. Effective April 2, 1994, participants also ceased accruing credit for additional salary increases. Benefits accruing to salaried employees prior to January 1, 1987, were provided through the TMC Retirement Plan (Prior Plan) and were fully vested as of December 31, 1986. Such accrued benefits are funded by annuities purchased from Metropolitan Life Insurance Company and American International Life Assurance Company of New York as discussed further below.

The Plan also provides benefits to substantially all individuals who were hourly employees of TIMET at the Toronto, Ohio and Henderson, Nevada plants prior to July 1, 1995 and April 1, 1994, respectively. The Plan was closed to new participants effective July 1, 1995 for the Toronto, Ohio plant and effective April 1, 1994 for the Henderson, Nevada plant. Hourly employees at the applicable plants who attained the age of 21 and completed one year of continuous service prior to the closure dates were eligible to participate in the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is subject to amendment by the Company from time to time, subject to applicable restrictions imposed by law.

Benefits and Vesting

Monthly benefit payments are determined for each participant according to the retirement option selected. Pension benefits for salaried participants are based on compensation through April 2, 1994 and years of service in the Plan through December 31, 1988. Pension benefits for hourly participants are based on years of continuous service, as defined by the Plan agreement, multiplied by specified dollar amounts. Specific terms of the Plan provide other retirement options with a combination of age and years of credited service factors. Vesting occurs upon the completion of five years of service or age 65. Monthly benefit payments by the Plan are reduced by amounts funded by annuity contracts purchased from insurance companies to provide for benefits accrued prior to December 31, 1986, under the Prior Plan.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

Annuities were purchased to fund certain benefits accrued under the Prior Plan. The insurance companies remit funds to the Plan's trust account on a monthly basis and payments to participants for benefits accrued under the Prior Plan are made from the respective trust accounts. Benefits paid to participants are shown net of \$1,705,120 and \$1,771,201 of funds received from the insurance companies for the years ended December 31, 2015 and 2014, respectively, as these funds are immediately remitted to the retirees and are not obligations of the Plan.

Administration

The Company's board of directors has established an administrative committee (Administrative Committee) to oversee and administer Plan activities subsequent to the purchase. The TIMET benefits department provides the day-to-day administration of the Plan. Certain administrative expenses, including trustee, investment advisor, actuarial and consulting fees, are absorbed by the Plan. Other administrative expenses are absorbed by the Company.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP).

Investments

As of December 31, 2015 and 2014, the Plan's assets were invested in the Master Trust (Master Trust) with Bank of New York Mellon (BNY Mellon). The Plan's investments in the Master Trust are stated at fair value as further discussed in Note 3.

Income Recognition

Purchases and sales are recorded on a trade-date basis. Interest income is recognized in the period earned. Dividends are recognized as of the ex-dividend date. Net investment income includes the Plan's gains and losses on interests in the Master Trust bought and sold as well as held during the year.

Contributions

Employer contributions are recorded on the accrual basis and are determined and paid annually in amounts sufficient to meet the minimum funding requirements of ERISA and to not exceed the maximum amounts currently deductible for federal income tax purposes.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Use of Estimates

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

Risks and Uncertainties

The Master Trust invests in various securities and/or other investments. Investment securities are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of market volatility resulting in changes in the value of investment securities, it is possible that changes in risks could materially affect amounts reported in the financial statements.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are calculated and reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near-term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

3. Fair Value Measurements

Under the Fair Value Measurements and Disclosures topic of the Codification, ASC 820, disclosures are required about how fair value is determined for assets and liabilities and a hierarchy for which these assets and liabilities must be grouped is established, based on significant levels of inputs as follows:

- Level 1 - quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; and model-derived valuations in which all significant inputs are observable in active markets.
- Level 3 - valuations derived from valuation techniques in which one or more significant inputs are unobservable.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

The asset allocation strategies of the Master Trust are designed to balance the objectives of achieving the asset return assumption consistently over the long-term while minimizing the volatility of the funded status. Asset classes with differing expected rates of return, return volatility and correlations are utilized to control risk and provide diversification. The asset categories are described below, along with the valuation methodologies and investment level classifications. There have been no changes in the methodologies used at December 31, 2015 and 2014.

The following is a description of the valuation methodologies used for the Master Trust's investments measured at fair value:

Public Equity Securities (Long/Hedged) - Long equity investments consist of publicly traded equity securities that are well-diversified across managers, styles, sectors and countries. Hedged equity investments typically add short positions in equities or equity futures in order to generate absolute returns regardless of equity market direction. Public equity investments made directly through managed (separate) account structures and valued based upon closing prices reported in the active trading markets are classified as level 1. Equity investments made indirectly via pooled funds offering daily to quarterly liquidity and valued at the net asset value (NAV) of the fund are classified as level 2 and level 3. Such investments are typically valued at the most recently published NAV of the fund, which may be derived from underlying investment values one quarter earlier, unless management believes an adjustment to NAV is warranted based on changes in observable inputs or an expectation that an investment will be sold at a value other than NAV. For the years ended December 31, 2015 and 2014, no material adjustments were made to fund NAVs.

Private Equity - Private equity investments consist of investments in limited partnerships or commingled vehicles with managers who purchase interests in non-public companies. Sub-categories of private equity may include venture capital, early stage, special situations or restructuring funds. Private equity funds typically have low liquidity, a 10 year or longer investment commitment, and valuation methodologies that require the use of significant unobservable inputs. Private equity investments are classified as level 3 and are typically valued at the most recently published NAV of the fund, unless management believes an adjustment is warranted as described above. For the years ended December 31, 2015 and 2014, no material adjustments were made to fund NAVs. As of December 31, 2015 and 2014, unfunded capital commitments to private equity investments were approximately \$22 million and \$18 million, respectively.

Absolute Return (Market Sectors/Arbitrage) - Absolute return strategies are investments with managers who seek specified levels of absolute returns with minimal correlation to market movements. Absolute return managers typically invest in futures, forwards or options on a variety of asset classes. Market sector strategies seek to capitalize on movements in commodity, currency, interest rate and/or other traditional markets while arbitrage strategies focus on credit, volatility or other alternative asset classes.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

Absolute return investments valued based upon closing prices reported in the active trading markets are classified as level 1. Investments are typically made in limited partnerships and classified level 2 when funds offer daily to quarterly liquidity at fund NAVs and reported values are based on significant observable inputs. All other investments are classified as level 3 and are typically valued at the most recently published NAV of the fund, unless management believes an adjustment is warranted as described above. For the years ended December 31, 2015 and 2014, no material adjustments were made to fund NAVs. As of December 31, 2015 and 2014, unfunded capital commitments to absolute return investments were approximately \$3 million.

Royalty Investments - Royalty investments are made through a limited partnership which purchases income-producing royalties derived from sales of pharmaceutical products. Valuation of the fund is determined from an independent appraisal process whereby significant observable inputs are used in determining the fund's NAV. Liquidity is typically arranged in the secondary market with trades occurring at the most recently published NAV. Royalty investments are classified as level 2 and are typically valued at the most recently published NAV of the fund, unless management believes an adjustment is warranted as described above.

Fixed Income (Investment/Non-Investment Grade) - Fixed income investments consist of public and private fixed income securities of U.S. and non-U.S. government and corporate issuers, fixed income mutual funds, and interest rate derivatives intended to hedge a portion of the pension plan's sensitivity to interest changes. Fixed income investments made directly through managed (separate) account structures and valued based upon closing prices reported in the active trading markets are classified as level 1. Over-the-counter derivatives and fixed income investments made indirectly via pooled funds offering daily to quarterly liquidity and valued at the NAV of the fund are classified as level 2. Fixed income investments with low liquidity and valuation methodologies that require the use of significant unobservable inputs are classified as level 3. For the years ended December 31, 2015 and 2014, no material adjustments were made to fund NAVs. As of December 31, 2015 and 2014, unfunded capital commitments to fixed income investments were approximately \$6 million and \$19 million, respectively.

Cash/Other - Cash and other investments include highly liquid money market securities, demand deposits and other cash equivalents, which are valued using \$1 for the NAV. Cash and other investments are classified as level 1.

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis. The fair value of these assets and liabilities approximates the carrying amounts in the accompanying financial statements due to the short maturity of the instruments.

4. Actuarial Valuation

The actuarial present value of accumulated plan benefits is estimated by independent actuaries based upon the latest actuarial determination, as of January 1, 2015. The valuations were determined using the unit credit cost method.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

Significant actuarial assumptions used in the valuations are principally as follows: (a) discount rate of 7.75% at January 1, 2015, (b) mortality rate based on the RP-2014 Mortality Tables with Blue Collar adjustment and (c) normal retirement at age 65.

The actuarial present value of accumulated plan benefits as of January 1, 2015 is as follows:

Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 45,806,595
Other participants	<u>21,180,378</u>
	66,986,973
Non-vested benefits	<u>60,383</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 67,047,356</u></u>

The changes in the actuarial present value of accumulated plan benefits are as follows for the year beginning January 1, 2015:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 66,298,474</u>
Increase during the year attributable to:	
Benefits paid	(5,819,917)
Benefits accumulated (including noninvestment experience)	(450,857)
Assumption changes	2,102,838
Increase for interest due to decrease in the discount period	<u>4,916,818</u>
Net increase	<u>748,882</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 67,047,356</u></u>

5. Funding Policy

Company contributions are calculated on an actuarial basis as determined under the Unit Credit Actuarial Cost Method with amortization of past service cost over the period of time required to satisfy minimum funding requirements. The contributions of the Company are designed to fund each employee's benefits under the Plan in installments which are level as a percent of compensation per active employee, starting at the original participation date, and continuing until the assumed retirement, termination, disability or death. The Company makes contributions no later than the date of filing its income tax return for each fiscal year. The Company is under no obligation to make any contributions, which are not deductible for income tax purposes in the applicable fiscal year. The Company satisfied the ERISA minimum funding requirements of \$0 in 2014 and \$0 in 2015 by making a \$7,635,000 cash contribution for 2014 and no contribution for 2015.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

6. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Under the provisions of ERISA, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan and Plan participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC). Payment of a Plan participant's accumulated plan benefits depends on the priority of those benefits and the level of those benefits guaranteed by the PBGC at that time. Certain benefits may be fully or partially provided for by the then existing assets of the Plan, insurance contracts and/or the PBGC guaranty. However, because the PBGC does not guarantee all types of benefits and the amount of benefit protection is subject to certain limitations, there is the possibility that some benefits may not be provided for at all. A description of the priority order of Plan participants' claims to the assets of the Plan upon termination is published in the Plan document and made available to Plan participants.

7. Interest in the Master Trust with BNY Mellon (Unaudited)

All assets of the Plan are invested in the Master Trust, a trust established for the collective investment of assets of participating plans sponsored by the Precision Castparts Corp. or its subsidiary companies. Each participating plan has an undivided interest in the Master Trust, which is valued on a monthly basis. The Master Trust investment income and related expenses are allocated to plans based on weighted average assets held in the trust for such monthly period.

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust, plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. At December 31, 2015 and 2014, the Plan's interest in the net assets of the Master Trust was 6.7% and 6.3%, respectively.

TIMET Defined Benefit Retirement Plan
Notes to Financial Statements

The following table presents the fair values of net assets at December 31, 2015 and 2014, for the Master Trust:

	2015	2014
Net assets at fair value:		
Equity:		
Long	\$ 242,966,018	\$ 276,116,412
Hedged	162,384,182	172,452,420
Private	198,240,802	165,785,110
Total equity	<u>603,591,002</u>	<u>614,353,942</u>
Absolute return:		
Market sectors	111,118,979	121,296,486
Arbitrage	74,307,957	96,244,622
Total absolute return	<u>185,426,936</u>	<u>217,541,108</u>
Royalties	<u>288,514,336</u>	<u>193,800,329</u>
Fixed income:		
Investment grade	189,459,988	208,580,781
Non-investment grade	95,636,066	98,904,883
Total fixed income	<u>285,096,054</u>	<u>307,485,664</u>
Cash/other	<u>45,270,739</u>	<u>14,218,580</u>
Net assets at fair value	<u><u>\$ 1,407,899,067</u></u>	<u><u>\$ 1,347,399,623</u></u>

Investment income for the Master Trust is as follows for the years ended December 31, 2015 and 2014:

	2015	2014
Net appreciation in fair value of investments	\$ 48,339,462	\$ 115,709,608
Interest and dividends	47,649,118	28,638,297
Total investment income	95,988,580	144,347,905
Investment management fees	(3,038,890)	(4,252,392)
Net investment income	<u><u>\$ 92,949,690</u></u>	<u><u>\$ 140,095,513</u></u>

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

The following table presents the change in net assets during the years ended December 31, 2015 and 2014 for the Master Trust:

	2015	2014
Change in net assets:		
Net investment income	\$ 92,949,690	\$ 140,095,513
Administrative expenses	(223,558)	(252,919)
Net transfers	(32,226,688)	(56,545,394)
Total change in net assets	60,499,444	83,297,200
Beginning of year net assets	1,347,399,623	1,264,102,423
End of year net assets	<u>\$ 1,407,899,067</u>	<u>\$ 1,347,399,623</u>

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value at December 31, 2015:

	Level 1	Level 2	Level 3	Total
Equity:				
Long	\$ 222,368,644	\$ 20,597,374	\$ -	\$ 242,966,018
Hedged	24,979,190	137,014,846	390,146	162,384,182
Private	-	-	198,240,802	198,240,802
Total equity	<u>247,347,834</u>	<u>157,612,220</u>	<u>198,630,948</u>	<u>603,591,002</u>
Absolute return:				
Market sectors	23,544,790	87,574,189	-	111,118,979
Arbitrage	-	72,716,664	1,591,293	74,307,957
Total absolute return	<u>23,544,790</u>	<u>160,290,853</u>	<u>1,591,293</u>	<u>185,426,936</u>
Royalties	-	288,514,336	-	288,514,336
Fixed income:				
Investment grade	189,459,988	-	-	189,459,988
Non-investment grade	-	39,389,482	56,246,584	95,636,066
Total fixed income	<u>189,459,988</u>	<u>39,389,482</u>	<u>56,246,584</u>	<u>285,096,054</u>
Cash/other	45,270,739	-	-	45,270,739
Total investments at fair value	<u>\$ 505,623,351</u>	<u>\$ 645,806,891</u>	<u>\$ 256,468,825</u>	<u>\$ 1,407,899,067</u>

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value at December 31, 2014:

	Level 1	Level 2	Level 3	Total
Equity:				
Long	\$ 254,683,892	\$ 21,432,520	\$ -	\$ 276,116,412
Hedged	23,505,783	148,267,351	679,286	172,452,420
Private	-	-	165,785,110	165,785,110
Total equity	278,189,675	169,699,871	166,464,396	614,353,942
Absolute return:				
Market sectors	24,540,526	96,755,960	-	121,296,486
Arbitrage	-	93,379,037	2,865,585	96,244,622
Total absolute return	24,540,526	190,134,997	2,865,585	217,541,108
Royalties	-	193,800,329	-	193,800,329
Fixed income:				
Investment grade	208,580,781	-	-	208,580,781
Non-investment grade	-	44,689,239	54,215,644	98,904,883
Total fixed income	208,580,781	44,689,239	54,215,644	307,485,664
Cash/other	14,218,580	-	-	14,218,580
Total investments at fair value	\$ 525,529,562	\$ 598,324,436	\$ 223,545,625	\$ 1,347,399,623

The table below sets forth a summary of changes in the fair value of the Master Trust's level 3 investments for the year ended December 31, 2015:

	Equity Hedged	Equity Private	Absolute Return Arbitrage	Fixed Income Non-investment grade	Total
Beginning of year	\$ 679,286	\$ 165,785,110	\$ 2,865,585	\$ 54,215,644	\$ 223,545,625
Unrealized gains (losses)	(112,135)	19,020,013	(1,205,116)	2,224,662	19,927,424
Realized gains (losses)	(7,294)	-	(69,176)	306,744	230,274
Purchases	-	24,402,750	696,757	12,744,000	37,843,507
Sales	(169,711)	(10,967,071)	(696,757)	(13,244,466)	(25,078,005)
End of year	\$ 390,146	\$ 198,240,802	\$ 1,591,293	\$ 56,246,584	\$ 256,468,825

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

The table below sets forth a summary of changes in the fair value of the Master Trust's level 3 investments for the year ended December 31, 2014:

	Equity Hedged	Equity Private	Absolute Return Arbitrage	Fixed Income Non-investment grade	Total
Beginning of year	\$ 790,052	\$ 93,282,901	\$ 5,541,552	\$ 51,357,123	\$ 150,971,628
Unrealized gains	271,577	15,332,275	208,823	2,443,493	18,256,168
Realized gains (losses)	-	-	(1,195,403)	1,685,599	490,196
Purchases	-	60,527,079	86,080	8,134,546	68,747,705
Sales	(884,624)	(3,357,145)	(1,775,467)	(9,405,117)	(15,422,353)
Transfers into level 3	502,281	-	-	-	502,281
End of year	<u>\$ 679,286</u>	<u>\$ 165,785,110</u>	<u>\$ 2,865,585</u>	<u>\$ 54,215,644</u>	<u>\$ 223,545,625</u>

Transfers between levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

8. Tax Status

The Internal Revenue Service (IRS), has determined and informed the Company by a letter dated December 20, 2011, that the Plan, as amended through September 1, 2010, is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the Internal Revenue Code (Code). The Plan has been amended subsequent to September 1, 2010; however, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable sections of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more than likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's Annual Return/Report of Employee Benefit Plan is subject to examination by the IRS for three years from the date of filing.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

9. Information Certified by the Plan's Trustee

BNY Mellon, the trustee, holds all investments and executes all transactions on behalf of the Plan. The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan administrator has obtained a certification from the Plan trustee that information regarding the fair value and cost of all investments, plus all investment interest and dividend income and net appreciation (depreciation) in fair value of investments and gains and losses is complete and accurate at December 31, 2015 and 2014, and for the years then ended. In addition, certain investment information included in Note 7 is provided by or compiled from information certified by BNY Mellon.

10. Exempt Party-In-Interest Transactions

Certain Plan investments are managed by BNY Mellon. BNY Mellon is a trustee, as defined by the Plan, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were not significant for the years ended December 31, 2015 and 2014.

11. Change in Actuarial Assumptions and Methods

The mortality assumption used for the FASB ASC topic 960 purposes was changed to reflect the RP2014 Mortality tables with Scale BB projection as described herein. Disability mortality was also updated. This increases liabilities by about \$2.1 million.

The statutory segment interest rates for determining contribution requirements and potential benefit restrictions have been changed from 4.99%, 6.32%, and 6.99% per year to 4.72%, 6.11%, and 6.81% per year, respectively. The segment rates used for the maximum deductible contribution and PBGC variable rate premiums were similarly updated to reflect current market conditions. The statutory mortality tables have also been updated as required by law.

12. Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which removes the requirement to present certain investments for which the practical expedient is used to measure fair value at net asset value within the fair value hierarchy table. Instead, a Plan would be required to include those investments as a reconciling item so that the total fair value amount of investments in the disclosure is consistent with the fair value investment balance on the statement of net assets available for benefits. The amendments in this update are effective for fiscal years beginning after December 15, 2016, with early adoption permitted. A reporting entity should apply the amendments retrospectively to all periods presented. Although early adoption is permitted, the Plan will apply the amendments in this update to the financial statements for the year ending December 31, 2017.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

In July 2015, the FASB issued 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 is not applicable to the plan. 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 is not applicable to the plan. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. The Plan has elected to early adopt ASU 2015-12 as of December 31, 2015, as permitted, and has applied the provisions of ASU 2015-12 retrospectively, as required. Certain historical disclosures that are no longer required were removed.

13. Subsequent Events

Plan management evaluated subsequent events after the statement of net assets available for benefits date of December 31, 2015 through October 13, 2016, which was the date the financial statements were available to be issued, and concluded that no additional disclosures are required.

**DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND
YEARS OF CREDITED SERVICE
(January 1, 2015)**

Years of Credited Service

Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	Over 40	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	0	0	0	0	0	0	0	0	0
40 - 44	0	0	0	0	1	0	0	0	0	0	1
45 - 49	0	0	0	0	2	0	0	0	0	0	2
50 - 54	0	0	3	0	1	0	2	1	4	0	11
55 - 59	0	1	3	0	2	0	8	8	25	2	49
60 - 64	0	4	2	2	1	2	4	4	13	30	62
65 - 69	0	0	1	0	1	2	0	4	3	3	14
70 & Up	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>3</u>	<u>5</u>
TOTAL	<u>0</u>	<u>6</u>	<u>9</u>	<u>2</u>	<u>8</u>	<u>4</u>	<u>15</u>	<u>17</u>	<u>45</u>	<u>38</u>	<u>144</u>

Actuarial Cost Method

For purposes of calculating the Funding Target, we calculated the actuarial present value of benefits accrued as of the beginning of the plan year. This cost method is typically referred to as the Unit Credit method.

Actuarial Value of Assets

For funding requirements, the Plan uses the 24 month average value of assets per IRS Notice 2009-22.

Discount Rates

As selected by TIMET, the rates for calculating the PPA Funding Target are the September 2014 segment rates. As prescribed by HATFA, in 2015 these rates must be between 90% and 110% of the 25-year average rates published by the IRS.

- PPA Funding Target (adjusted for HATFA)
 - Segment 1 payments under 5 years 4.72%
 - Segment 2 payments between 5 and 20 years 6.11%
 - Segment 3 payments after 20 years 6.81%

Salary Scale

Pay rates were assumed to increase 3.00% per year for Toronto, Ohio, and Henderson, Nevada, bargaining plant participants. Pay rates are included in the calculation of the Special Payment Benefit.

Compensation for salaried members was frozen April 1, 1994, so the salary scale does not apply for salaried participants.

Future Service

Each active participant is assumed to earn one year of service in each future plan year prior to the year of retirement, death or withdrawal.

Withdrawal

Withdrawals prior to retirement for reasons other than death were developed by the prior actuary based on experience. Withdrawal rates at sample ages are shown below:

Age	Salaried	Toronto, OH	Henderson, NV
25	9.30%	7.90%	11.85%
30	7.40%	5.80%	8.70%
35	5.80%	4.20%	6.30%
40	4.44%	3.10%	4.65%
45	3.30%	2.20%	3.30%
50	1.99%	1.40%	2.10%
55	0.76%	0.80%	1.20%
60	0.41%	0.40%	0.60%
64	0.14%	0.14%	0.21%

Retirement

Eligible employees were assumed to retire prior to normal retirement according to the following table:

Age(s)	Salaried		Toronto, OH	Henderson, NV	
	Service <30	Service >30		Service <30	Service >30
55	7.0%	15.0%	-	-	2.7%
56	2.0%	10.0%	-	-	3.1%
57	2.0%	10.0%	-	-	3.5%
58	2.0%	10.0%	-	-	4.0%
59	2.0%	11.0%	-	-	4.6%
60	2.0%	13.0%	5.3%	6.0%	5.3%
61	6.0%	16.0%	20.0%	5.0%	16.0%
62	10.0%	17.0%	40.0%	35.0%	35.0%
63	13.0%	19.0%	25.0%	29.0%	29.0%
64	16.0%	40.0%	20.0%	20.0%	20.0%
65-69	35.0%	35.0%	35.0%	35.0%	35.0%
70	100.0%	100.0%	100.0%	100.0%	100.0%

Assumed retirement dates for vested terminated participants were provided by the plan administrator.

Mortality

For calculating the Funding Target, mortality follows the RP-2000 annuitant and non-annuitant mortality tables for 2015 as prescribed by the IRS for all participants.

Disability

Termination rates due to disability were developed by the prior actuary. Disability rates at sample ages are shown below:

Age	Salaried	Toronto, OH and Henderson, NV
25	0.03%	0.08%
30	0.03%	0.10%
35	0.04%	0.14%
40	0.08%	0.21%
45	0.17%	0.34%
50	0.36%	0.59%
55	0.75%	1.09%

Administrative Expenses

Administrative expenses are estimated to be the sum of the prior year expenses, less the prior year PBGC premium, plus the current year PBGC premium, payable at the beginning of the year.

Probability of Marriage

85% of non-retired participants are assumed to be married. A three-year age difference between spouses is assumed with the males being older.

Form of Benefit

Non-retired participants are assumed to elect from the following forms of payment at retirement at the rates shown:

Probability	Form of Payment
40%	Single Life Annuity
60%	50% Joint & Survivor Annuity

Change in Actuarial Assumptions

- The Funding Target discount rates and mortality assumption were updated as required and as described above.

**DESCRIPTION OF WEIGHTED
AVERAGE RETIREMENT AGE**

Toronto, OH Bargaining

<u>Age</u>	<u>Retirement Rates</u>	<u>Probability of Not Retiring Before Age</u>	<u>Weighted Retirement Age</u>
60	0.0530	1.0000	3.1800
61	0.2000	0.9470	11.5534
62	0.4000	0.7576	18.7885
63	0.2500	0.4546	7.1593
64	0.2000	0.3409	4.3638
65	0.3500	0.2727	6.2047
66	0.3500	0.1773	4.0951
67	0.3500	0.1152	2.7022
68	0.3500	0.0749	1.7826
69	0.3500	0.0487	1.1757
70	1.0000	0.0316	<u>2.2152</u>
Weighted Average Retirement Age			63.2206
Rounded Average Retirement Age			63

Henderson, NV Bargaining

<u>Age</u>	<u>Retirement Rates</u>	<u>Probability of Not Retiring Before Age</u>	<u>Weighted Retirement Age</u>
55	0.0000	1.0000	0.0000
56	0.0000	1.0000	0.0000
57	0.0000	1.0000	0.0000
58	0.0000	1.0000	0.0000
59	0.0000	1.0000	0.0000
60	0.0600	1.0000	3.6000
61	0.0500	0.9400	2.8670
62	0.3500	0.8930	19.3781
63	0.2900	0.5805	10.6048
64	0.2000	0.4121	5.2751
65	0.3500	0.3297	7.5006
66	0.3500	0.2143	4.9504
67	0.3500	0.1393	3.2665
68	0.3500	0.0905	2.1549
69	0.3500	0.0589	1.4213
70	1.0000	0.0383	<u>2.6778</u>
Weighted Average Retirement Age			63.6965
Rounded Average Retirement Age			64

Salaried Participants

<u>Age</u>	<u>Retirement Rates</u>	<u>Probability of Not Retiring Before Age</u>	<u>Weighted Retirement Age</u>
55	0.0700	1.0000	3.8500
56	0.0200	0.9300	1.0416
57	0.0200	0.9114	1.0390
58	0.0200	0.8932	1.0361
59	0.0200	0.8753	1.0329
60	0.0200	0.8578	1.0294
61	0.0600	0.8406	3.0768
62	0.1000	0.7902	4.8993
63	0.1300	0.7112	5.8246
64	0.1600	0.6187	6.3358
65	0.3500	0.5197	11.8240
66	0.3500	0.3378	7.8038
67	0.3500	0.2196	5.1493
68	0.3500	0.1427	3.3970
69	0.3500	0.0928	2.2405
70	1.0000	0.0603	<u>4.2213</u>
Weighted Average Retirement Age			63.8014
Rounded Average Retirement Age			64
<u>Population</u>			
Toronto, OH		89	63.2206
Henderson, NV		34	63.6965
Salaried		<u>21</u>	63.8014
		144	
Total Weighted Average Retirement Age			63

The weighted average retirement age was calculated by multiplying each possible retirement age by the probability of not retiring before that age and then retiring. These products were then summed to produce the weighted average retirement age.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**

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 TIMET Defined Benefit Retirement Plan	B Three-digit plan number (PN) ▶ 021
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Titanium Metals Corporation	D Employer Identification Number (EIN) 13-5630895

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

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	93,635,610	
b Actuarial value	2b	91,385,153	
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	918	49,548,059	49,548,059
b For terminated vested participants	195	7,064,038	7,064,038
c For active participants	144	17,868,296	17,967,917
d Total	1,257	74,480,393	74,580,014
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	6.14 %	
6 Target normal cost	6	712,036	

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		10/07/2016
	Signature of actuary	Date
Bruce R. Mitton	Type or print name of actuary	14-05511
Milliman, Inc.	Firm name	Most recent enrollment number
111 SW 5th Ave Suite 3700		(503) 227-0634
Portland	Address of the firm	Telephone number (including area code)
	OR 97204	

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

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	3,089,660
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	3,089,660
10 Interest on line 9 using prior year's actual return of <u>11.30</u> %	0	349132
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		7031717
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>6.35</u> %		446514
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		7478231
d Portion of (c) to be added to prefunding balance		7478231
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	10917023

Part III Funding Percentages

14 Funding target attainment percentage	14	107.89 %
15 Adjusted funding target attainment percentage	15	122.53 %
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	106.17 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ 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

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 63
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	712,036	
b Excess assets, if applicable, but not greater than line 31a	31b	712,036	
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		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

Name

TIMET Defined Benefit Retirement Plan

Effective Dates

January 1, 1987; amended and restated effective January 1, 2010, and updated through Amendment No. 2.

Type of Plan

Trusted plan with a corporate trustee, administered by the Employer.

Employer

Titanium Metals Corporation (TIMET).

Employees Eligible to Participate

Plan participation required one year of service and attaining age 21 years prior to the applicable participation freeze date shown below.

January 1, 1989 - Salaried employees not covered by a collective bargaining agreement.

July 1, 1995 – Hourly union employees at Toronto, OH.

April 1, 1994 – Hourly union employees at Henderson, NV.

Plan Changes

Amendment No. 2, effective July 1, 2014, increased future accrual rates at the Toronto, Ohio location as follows:

- \$39.50 for Continuous Service on or after July 1, 2014, but prior to July 1, 2016.
- \$40.50 for Continuous Service on or after July 1, 2016, but prior to July 1, 2018.
- \$41.50 for Continuous Service on or after July 1, 2018.

Salaried Employees

Benefit Service

Benefit Service was frozen effective December 31, 1988. Service on or after that date is counted only to determine eligibility for an Age and Service Retirement or a Surviving Spouse's Benefit.

Vesting

Effective April 2, 1994, all salaried participants with an accrued benefit were immediately vested.

Normal Retirement Date

A participant's normal retirement date shall be his 65th birthday.

Final Average Compensation

Final Average Compensation is the highest average monthly compensation in the five consecutive calendar years out of the last ten Years of Service prior to April 1, 1994. Compensation means the total cash remuneration before any deferrals to a 401(k) plan, including bonuses, overtime and commissions.

Normal Retirement Benefit

A participant's basic benefit is a monthly pension for the life of the participant equal to the sum of the following:

- Benefit Service as of December 31, 1988 up to a maximum of 40, times 1.0% of Final Average Compensation, plus
- Benefit Service as of December 31, 1988 up to maximum of 35, times 0.5% of Final Average Compensation in excess of Social Security Covered Compensation

However, in no case will the annual benefit be less than the greater of the benefit accrued under the plan as of December 31, 1988, or Benefit Service as of December 31, 1988 times \$180.

Optional Forms of Benefit

A married participant at retirement will receive a 50% spouse joint and survivor annuity unless he optionally chooses a 25%, 75% or 100% spouse joint and survivor annuity or, with spousal consent, a life annuity. A non-married participant at retirement will receive a life annuity. All optional forms of benefits are actuarially equivalent to the life annuity benefit based on a 5% interest rate and the IRS 2015 Static Mortality Table for distributions under IRC Section 417(e)(3).

Earliest Retirement Dates

55 & 30 Retirement: After a participant has completed 30 years and attained age 55, he or she may retire and receive the retirement benefit accrued to his or her date of early retirement reduced for early commencement of benefits prior to age 62. In addition, a \$225 monthly supplement is payable to age 62.

55 & 10 Retirement: After a participant has completed 10 years and attained age 55, he or she may retire and receive the retirement benefit accrued to his or her date of early retirement reduced for early commencement of benefits prior to age 65.

Salaried Employees (continued)

Amount of Early Retirement Pension

The basic pension benefit for participants eligible for a pension under the Final Average Compensation formula is reduced by 1/2% for each month that early retirement precedes the normal retirement date.

For early retirements under the flat dollar formula, the accrued benefit is reduced by graduated percentages ranging from 44.11% at age 55 to 0.00% at age 62.

Disability Pension

Participants who become disabled and are in continuous receipt of benefits under the employer's long-term disability plan and under Title II of the Social Security Act until age 65 are eligible to receive a disability benefit commencing at age 65, equal to the normal retirement benefit accrued as of April 1, 1994.

Preretirement Death Benefits

If a vested participant who is still accruing service and has completed at least 15 Years of Service or who attained age 55 and at least 10 Years of Service dies prior to retirement, his surviving spouse will be eligible to receive a retirement benefit equal to the benefit that would have been payable to the spouse had the deceased participant retired on the day of his death and elected the 50% spouse joint and survivor annuity. If the deceased participant was not age 65 at his death, he will be treated as having reached age 65 for purposes of determining his retirement benefit.

Additional Death Benefits

The minimum surviving spouse benefit on pre- or post-retirement is equal to 50% of the participant's accrued benefit (but no less than \$107.50 per month) reduced by 50% of the widow's or widower's Social Security benefit after age 60 (but no less than \$57.50 per month).

Special Retirement Payment

Each participant receiving benefits under all cases of retirement except for disability and deferred vested retirement is eligible for the Special Retirement Payment. The benefit is a lump sum equal to the product of the following:

- The participant's standard hourly vacation rate as of April 2, 1994, times
- Regularly scheduled weekly hours, times
- 8 if continuous service is greater than 20; 9 if continuous service is greater than 10, but less than 20; and 10 if continuous service is less than 10.

This payment is made in lieu of the first three regular monthly pension payments, but may not be less than the sum of the first three regular monthly pension payments.

Toronto, OH Bargaining Employees

Continuous Service

The elapsed time method of crediting service is used to determine the accrued benefit. Service only accrues while the employee is covered as an employee under a Basic Agreement.

Vesting

A terminated participant who has completed at least five Years of Continuous Service will be entitled to a deferred retirement benefit.

Normal Retirement Date

A participant's normal retirement date shall be the later of age 65 or the date the participant has completed five Years of Continuous Service.

Normal Retirement Benefit

For retirement on or after July 1, 1998 and prior to July 1, 2000, the monthly benefit payable at Normal Retirement Date is equal to 105% of the sum of the following:

- \$27.00 for each Year of Continuous Service up to 15 years.
- \$28.50 for each Year of Continuous Service between 15 and 30 years.
- \$30.00 for each Year of Continuous Service in excess of 30 years.

For retirement on or after July 1, 2000 and prior to July 1, 2001, the monthly benefit payable at Normal Retirement Date is equal to 105% of the sum of the following:

- \$27.50 for each Year of Continuous Service up to 15 years.
- \$29.00 for each Year of Continuous Service between 15 and 30 years.
- \$30.50 for each Year of Continuous Service in excess of 30 years.

For retirement on or after July 1, 2001 and prior to July 1, 2003, the monthly benefit payable at Normal Retirement Date is equal to 105% of the sum of the following:

- \$28.50 for each Year of Continuous Service up to 15 years.
- \$30.00 for each Year of Continuous Service between 15 and 30 years.
- \$31.50 for each Year of Continuous Service in excess of 30 years.

For retirement on or after July 1, 2003 and prior to May 1, 2008, the monthly benefit payable at Normal Retirement Date is equal to 100% of \$34.50 for each Year of Continuous Service.

For retirement on or after May 1, 2008 and prior to July 1, 2009, the monthly benefit payable at Normal Retirement Date is equal to 100% of \$35.50 for each Year of Continuous Service.

For retirement on or after July 1, 2009 and prior to July 1, 2010, the monthly benefit payable at Normal Retirement Date is equal to 100% of \$36.50 for each Year of Continuous Service.

For retirement on or after July 1, 2010 and prior to July 1, 2012, the monthly benefit payable at Normal Retirement Date is equal to 100% of \$37.50 for each Year of Continuous Service.

For retirement on or after July 1, 2012 and prior to July 1, 2014, the monthly benefit payable at Normal Retirement Date is equal to 100% of \$38.50 for each Year of Continuous Service.

Toronto, OH Bargaining Employees (continued)

For retirement on or after July 1, 2014, the monthly benefit payable at Normal Retirement date is equal to the sum of the following:

- \$38.50 for each Year of Continuous Service prior to July 1, 2014.
- \$39.50 for each Year of Continuous Service on or after July 1, 2014, but prior to July 1, 2016.
- \$40.50 for each Year of Continuous Service on or after July 1, 2016, but prior to July 1, 2018.
- \$41.50 for each Year of Continuous Service after July 1, 2018.

Optional Forms of Benefit

A married participant at retirement will receive a 50% spouse joint and survivor annuity unless he optionally chooses a 75% or 100% spouse joint and survivor annuity or, with spousal consent, a life annuity. A non-married participant at retirement will receive a life annuity. All optional forms of benefits are actuarially equivalent to the life annuity benefit based on a 5% interest rate and the IRS 2015 Static Mortality Table for distributions under IRC Section 417(e)(3).

Earliest Retirement Dates

60 & 10 Retirement: After a participant has completed 10 years and attained age 60, he or she may retire and receive an early retirement benefit.

70/80 Retirement: Any participant whose continuous service is broken by reason of: i) the permanent shutdown of a plant, department or a subdivision; or ii) a layoff or physical disability and has 15 Years of Continuous Service and i) has attained age 55 or ii) whose combined age and service equals 80 or more, may retire and receive the retirement benefit accrued to his or her date of retirement.

Amount of Early Retirement Pension

60 & 10 Retirement: The benefit is reduced by graduated percentages ranging from 16.18% at age 60 to 0.00% at age 62.

Disability Pension

Participants with at least 10 Years of Continuous Service at the time of permanent disability are eligible to receive a monthly benefit equal to their normal retirement benefit based on continuous service at the date of disability. In addition, disabled participants receive a Social Security Supplement.

Preretirement Death Benefits

If a vested participant dies prior to retirement, his surviving spouse will be eligible to receive a retirement benefit equal to the benefit that would have been payable to the spouse had the deceased participant retired on the day of his death and elected the 50% spouse joint and survivor annuity.

Toronto, OH Bargaining Employees (continued)

Additional Death Benefits

If an active participant with more than 15 Years of Continuous Service or a participant who is no longer employed but eligible for or receiving a benefit other than a deferred vested benefit dies, a benefit is immediately payable to their spouse. For those participants receiving retirement benefits, the spouse receives 50% of the benefit. For other eligible participants, the spouse receives 50% of the participant's accrued benefit. The minimum benefit payable is \$140 per month. These benefits are payable until the spouse is eligible for a Social Security widow or widower's benefit; however, the minimum benefit payable is \$90 per month. These benefits are payable in addition to any other death benefits payable under the plan.

Special Retirement Payment

Each participant receiving benefits under all cases of retirement except for disability and deferred vested retirement is eligible for the Special Retirement Payment. The benefit is a lump sum equal to the product of the following:

- The participant's standard hourly vacation rate in excess of \$5.05, times
- Regularly scheduled weekly hours (maximum of 44), times
- 9 if continuous service is greater than 17; 10 if continuous service is greater than 10, but less than 17; and 11 if continuous service is less than 10.

This payment is made in lieu of the first three regular monthly pension payments, but may not be less than the sum of the first three regular pension payments.

Henderson, NV Bargaining Employees

Continuous Service

The elapsed time method of crediting service is used to determine the accrued benefit. Service only accrues while the employee is covered as an employee under a Basic Agreement.

Vesting

A terminated participant who has completed at least five Years of Continuous Service will be entitled to a deferred retirement benefit.

Normal Retirement Date

A participant's normal retirement date shall be the later of age 65 or the date the participant has completed five Years of Continuous Service.

Normal Retirement Benefit

The monthly benefit amount for participants who retire on or after October 2, 2000 and before October 2, 2001 is \$29.00 multiplied by Years of Continuous Service.

The monthly benefit amount for participants who retire on or after October 2, 2001 and prior to February 1, 2005 is \$30.00 multiplied by Years of Continuous Service.

Effective February 1, 2005, the monthly benefit amount for participants who retire on or after February 1, 2005 and prior to February 1, 2006 is \$31.00 multiplied by Years of Continuous Service.

Effective February 1, 2006, the monthly benefit amount for participants who retire on or after February 1, 2006 and prior to February 1, 2007 is \$32.00 multiplied by Years of Continuous Service.

Effective February 1, 2007, the monthly benefit amount for participants who retire on or after February 1, 2007 and prior to February 1, 2008 is \$33.00 multiplied by Years of Continuous Service.

For retirement or death on or after February 1, 2008 and prior to February 1, 2009, the monthly benefit payable at Normal Retirement Date is equal to 100% of \$34.00 for each Year of Continuous Service.

For retirement or death on or after February 1, 2009 and prior to February 1, 2010, the monthly benefit payable at Normal Retirement Date is equal to 100% of \$35.00 for each Year of Continuous Service.

For retirement or death on or after February 1, 2010 and prior to February 1, 2011, the monthly benefit payable at Normal Retirement Date is equal to 100% of \$36.00 for each Year of Continuous Service.

For retirement or death on or after February 1, 2011, the monthly benefit payable at Normal Retirement Date is equal to 100% of \$37.00 for each Year of Continuous Service.

Optional Forms of Benefit

A married participant at retirement will receive a 50% spouse joint and survivor annuity unless he optionally chooses a 75% or 100% spouse joint and survivor annuity or, with spousal consent, a life annuity. A non-married participant at retirement will receive a life annuity. All optional forms of benefits are actuarially equivalent to the life annuity benefit based on a 5% interest rate and the IRS 2015 Static Mortality Table for distributions under IRC Section 417(e)(3).

Henderson, NV Bargaining Employees (continued)

Earliest Retirement Dates

55 & 30 Retirement: After a participant has completed 30 years and attained age 55, he or she may retire and receive an early retirement benefit.

60 & 10 Retirement: After a participant has completed 10 years and attained age 60, he or she may retire and receive an early retirement benefit.

70/80 Retirement: Any participant whose continuous service is broken by reason of: i) the permanent shutdown of a plant, department or a subdivision; or ii) a layoff or physical disability and has 15 Years of Continuous Service and i) has attained age 55 or ii) whose combined age and service equals 80 or more, may retire and receive the retirement benefit accrued to his or her date of retirement.

Amount of Early Retirement Pension

55 & 30 Retirement: The benefit is reduced by 1/2% for each month that early retirement precedes the normal retirement date.

60 & 10 Retirement: The benefit is reduced by graduated percentages ranging from 16.18% at age 60 to 0.00% at age 62.

Disability Pension

Participants with at least 10 Years of Continuous Service at the time of permanent disability are eligible to receive a monthly benefit equal to their normal retirement benefit based on continuous service at the date of disability. In addition, disabled participants receive a Social Security Supplement.

Preretirement Death Benefits

If a vested participant dies prior to retirement, his surviving spouse will be eligible to receive a retirement benefit equal to the benefit that would have been payable to the spouse had the deceased participant retired on the day of his death and elected the 50% spouse joint and survivor annuity.

Additional Death Benefits

If an active participant with more than 15 Years of Continuous Service or a participant who is no longer employed but eligible for or receiving a benefit other than a deferred vested benefit dies, a benefit is immediately payable to their spouse. For those participants receiving retirement benefits, the spouse receives 50% of the benefit. For other eligible participants, the spouse receives 50% of the participant's accrued benefit. The minimum benefit payable is \$140 per month. These benefits are payable until the spouse is eligible for a Social Security widow or widower's benefit; however, the minimum benefit payable is \$90 per month. These benefits are payable in addition to any other death benefits payable under the plan.

Henderson, NV Bargaining Employees (continued)

Special Retirement Payment

Each participant receiving benefits under all cases of retirement except for disability and deferred vested retirement is eligible for the Special Retirement Payment. The benefit is a lump sum equal to the product of the following:

- The participant's standard hourly vacation rate in excess of \$5.05, times
- Regularly scheduled weekly hours (maximum of 44), times
- 9 if continuous service is greater than 10; and 10 if continuous service is less than 10.

This payment is made in lieu of the first three regular monthly pension payments, but may not be less than the sum of the first three regular monthly pension payments.