

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TIMET DEFINED BENEFIT RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>021</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>021</u>	1c Effective date of plan <u>01/01/1987</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>4832 RICHMOND ROAD, SUITE 100</u> <u>WARRENSVILLE HEIGHTS, OH 44128</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-5630895</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-910-0770</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>331400</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-5630895</u>	2c Plan Sponsor's telephone number <u>216-910-0770</u>	2d Business code (see instructions) <u>331400</u>	
2b Employer Identification Number (EIN) <u>13-5630895</u>					
2c Plan Sponsor's telephone number <u>216-910-0770</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.	10/13/2020	DIXIE BINGHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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3a Plan administrator's name and address ☐ Same as Plan Sponsor VICE PRESIDENT HUMAN RESOURCES 4832 RICHMOND ROAD, SUITE 100 WARRENSVILLE HEIGHTS, OH 44128	3b Administrator's EIN <div style="text-align: center;">13-5630895</div>
	3c Administrator's telephone number <div style="text-align: center;">216-910-0770</div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1108
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) 91
a(2) Total number of active participants at the end of the plan year	6a(2) 76
b Retired or separated participants receiving benefits.....	6b 636
c Other retired or separated participants entitled to future benefits	6c 102
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 814
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 255
f Total. Add lines 6d and 6e	6f 1069
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 who 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: <div style="text-align: center;">1A 1B 3H</div>	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **0** **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan <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 or 5500-SF <u>TITANIUM METALS CORPORATION</u>	D Employer Identification Number (EIN) <u>13-5630895</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>98356868</u>
b Actuarial value	2b <u>102998310</u>
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.....	<u>891</u> <u>54070470</u> <u>54070470</u>
b For terminated vested participants.....	<u>126</u> <u>5558699</u> <u>5558699</u>
c For active participants	<u>91</u> <u>13338608</u> <u>13384573</u>
d Total.....	<u>1108</u> <u>72967777</u> <u>73013742</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.36</u> %
6 Target normal cost.....	6 <u>571633</u>

Statement by Enrolled Actuary

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

SIGN HERE	
<u>BRUCE R. MITTON</u>	<u>10/06/2020</u>
Signature of actuary	Date
<u>MILLIMAN, INC.</u>	<u>20-05511</u>
Type or print name of actuary	Most recent enrollment number
<u>1455 SW BROADWAY, SUITE 1600</u> <u>PORTLAND, OR 97201</u>	<u>503-227-0634</u>
Firm name	Telephone number (including area code)
<u></u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15188716
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	15188716
10 Interest on line 9 using prior year's actual return of <u>-3.20</u> %	0	-486039
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14702677

Part III Funding Percentages

14 Funding target attainment percentage	14	120.93 %
15 Adjusted funding target attainment percentage	15	141.06 %
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	114.40 %
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:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

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** 571633**b** Excess assets, if applicable, but not greater than line 31a **31b** 571633**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 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**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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	57393	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	19500	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	13128	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	11881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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:

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.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(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)	98356868	108778841
(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)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	98356868 108778841
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	22623 8803
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	22623 8803
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	98334245 108770038

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.

		(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)		16981884
(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		16981884

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6369310	
(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)		6369310
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)	88082	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	88699	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		176781
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6546091

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10435793
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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: 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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		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	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4247506. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-7073447		
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

Stock: 77.0 % Investment-Grade Debt: 0.0 % High-Yield Debt: 2.0 % Real Estate: 0.0 % Other: 21.0 %

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



TIMET Defined Benefit Retirement Plan

Financial Statements
December 31, 2019 and 2018

TIMET Defined Benefit Retirement Plan

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Independent Auditors' Report

To the Administrative Committee of the
TIMET Defined Benefit Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the TIMET Defined Benefit Retirement Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 audits 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, 2019 and 2018, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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

Arlington, Texas
October 7, 2020

TIMET Defined Benefit Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Investments at fair value:		
Plan interest in Master Trust with Bank of New York Mellon	\$ 108,778,841	\$ 98,356,868
Accrued liabilities	(8,803)	(22,623)
Net assets available for benefits	<u><u>\$ 108,770,038</u></u>	<u><u>\$ 98,334,245</u></u>

See notes to financial statements.

TIMET Defined Benefit Retirement Plan
Statements of Changes in Net Assets for Benefits
Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Plan interest in Master Trust with Bank of New York Mellon net investment income (loss)	\$ 16,981,884	\$ (3,353,505)
Deductions:		
Benefits paid to participants	6,369,310	6,041,529
Administrative expenses	<u>176,781</u>	<u>242,678</u>
Total deductions	<u>6,546,091</u>	<u>6,284,207</u>
Net increase (decrease) in net assets available for benefits	10,435,793	(9,637,712)
Net assets available for benefits at beginning of year	<u>98,334,245</u>	<u>107,971,957</u>
Net assets available for benefits at end of year	<u><u>\$108,770,038</u></u>	<u><u>\$ 98,334,245</u></u>

See 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). 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 the Company 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 \$1,232,222 and \$1,427,418 of funds received from the insurance companies for the years ended December 31, 2019 and 2018, 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. The Company's 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, 2019 and 2018, 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 (loss) 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.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

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.

Recent accounting pronouncement.

In February 2017, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Master Trust Reporting*. The amendments in ASU 2017-06 clarify presentation requirements for a plan's interest in a master trust. The Plan adopted this standard on January 1, 2019. The standard had no impact on the Plan's net assets or changes in net assets.

Reclassification

Certain amounts in the prior period financial statements have been reclassified to conform to the presentation of the current period financial statements.

TIMET Defined Benefit Retirement Plan

Notes to 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.

The Master Trust allocation strategy is designed with the objective of achieving the asset return assumption consistently over the long-term in order to fund future payment obligations, while minimizing contributions and plan sponsor economic risk. 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, 2019 and 2018.

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

Public Equity Securities - Long equity investments consist of publicly traded equity securities, while hedged equity investments typically add short positions in equities or equity futures in order to generate absolute returns regardless of equity market direction. Long equity investment made directly through managed (separate) account structures and valued based upon closing prices reported in active trading markets are classified as Level 1. Public equity investments made directly through liquid investment funds with readily determinable fair values are classified as Level 1. Other fund investments are valued using the most recent net asset value (NAV) of the fund.

Private Equity - Private equity investments consist of investments in non-public companies made directly or through limited partnerships or commingled vehicles with managers who purchase interests in non-public companies. Subcategories of private equity may include venture capital, early stage, special situations or restructuring funds. Private equity typically has low liquidity, a 10 year or longer investment commitment, and valuation methodologies that require the use of significant unobservable inputs. Direct private equity investments are classified as Level 3, while investments made through funds are typically valued at the most recent NAV of the fund. As of December 31, 2019 and 2018, unfunded capital commitments to private equity investments were approximately \$4 million and \$6 million, respectively.

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

Absolute Return - 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. Investments are typically made in investment funds with values state at fund NAV's.

Royalty Investments - Royalty investments are made through investments which purchase income-producing royalties derived from sales of pharmaceutical products. Underlying royalty investments are subject to independent fair valuation methodologies and are used in determining the fund's NAV. Liquidity is typically arranged in the secondary market with trades occurring at the most recent NAV.

Fixed Income - Fixed income investments consist of private fixed income securities of non-U.S corporate issuers, classified as Level 3.

Cash/Other - Cash and other investments include highly liquid money market securities, demand deposits and other cash equivalents.

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.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value at December 31, 2019:

	Level 1	Level 2	Level 3	Measured at NAV*	Total
Equity:					
Long/hedged	\$1,161,469,943	\$ -	\$ -	\$ 19,640,338	\$ 1,181,110,281
Private	-	-	88,049,391	134,314,576	222,363,967
Total equity	1,161,469,943	-	88,049,391	153,954,914	1,403,474,248
Absolute return	-	-	-	556,864	556,864
Royalties	-	-	-	356,185,755	356,185,755
Fixed income	-	-	30,433,655	-	30,433,655
Cash/other	-	-	-	18,864,254	18,864,254
Total investments at fair value	<u>\$ 1,161,469,943</u>	<u>\$ -</u>	<u>\$ 118,483,046</u>	<u>\$ 529,561,787</u>	<u>\$ 1,809,514,776</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, 2018:

	Level 1	Level 2	Level 3	Measured at NAV*	Total
Equity:					
Long/hedged	\$ 987,808,259	\$ -	\$ -	\$ 28,082,925	\$ 1,015,891,184
Private	-	-	76,909,453	145,300,823	222,210,276
Total equity	987,808,259	-	76,909,453	173,383,748	1,238,101,460
Absolute return	-	-	-	791,069	791,069
Royalties	-	-	-	299,640,696	299,640,696
Fixed income	-	-	26,953,956	-	26,953,956
Cash/other	-	-	-	35,284,581	35,284,581
Total investments at fair value	<u>\$ 987,808,259</u>	<u>\$ -</u>	<u>\$ 103,863,409</u>	<u>\$ 509,100,094</u>	<u>\$ 1,600,771,762</u>

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

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, 2019:

	Equity Private	Fixed Income Non-investment Grade	Total
Beginning of year	\$ 76,909,453	\$ 26,953,956	\$ 103,863,409
Unrealized gains (losses)	11,186,473	10,199	11,196,672
Realized gains	3,067,893	10,420,795	13,488,688
Purchases	700,000	-	700,000
Sales	(3,814,428)	(6,951,295)	(10,765,723)
End of year	<u>\$ 88,049,391</u>	<u>\$ 30,433,655</u>	<u>\$ 118,483,046</u>

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, 2018:

	Equity Private	Fixed Income Non-investment Grade	Total
Beginning of year	\$ 83,897,857	\$ 30,753,298	\$ 114,651,155
Unrealized losses	(6,231,043)	(3,799,341)	(10,030,384)
Realized gains	1,500,349	1,970,111	3,470,460
Sales	(2,257,710)	(1,970,112)	(4,227,822)
End of year	<u>\$ 76,909,453</u>	<u>\$ 26,953,956</u>	<u>\$ 103,863,409</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.

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, 2019. The valuations were determined using the unit credit cost method. Significant actuarial assumptions used in the valuations are principally as follows: (a) discount rate of 7.25% at January 1, 2019, (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, 2019 is as follows:

Vested benefits:

Participants and beneficiaries currently receiving payments	\$ 47,464,633
Other participants	<u>15,546,148</u>
Total vested benefits	63,010,781
Non-vested benefits	<u>38,145</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 63,048,926</u></u>

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

The changes in the actuarial present value of accumulated plan benefits are as follows for the year ending January 1, 2019:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 65,246,771
Increase (decrease) during the year attributable to:	
Benefits paid	(6,041,529)
Benefits accumulated (including noninvestment experience)	(874,089)
Assumption changes	202,556
Increase for interest due to decrease in the discount period	<u>4,515,217</u>
Net decrease	<u>(2,197,845)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 63,048,926</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, though they had no contributions to the plan during the years ended December 31, 2019 and 2018, respectively.

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.

TIMET Defined Benefit Retirement Plan
Notes to Financial Statements

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 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, 2019 and 2018, the Plan's interest in the net assets of the Master Trust totaled 6.0% and 6.1%, respectively.

The following table presents the fair values of investments by type at December 31, 2019 and 2018, for the Master Trust:

	2019	2018
Net assets at fair value:		
Equity:		
Long/hedged	\$ 1,181,110,281	\$ 1,015,891,184
Private	222,363,967	222,210,276
Total equity	1,403,474,248	1,238,101,460
Absolute return	556,864	791,069
Royalties	356,185,755	299,640,696
Fixed income	30,433,655	26,953,956
Cash/other	18,864,254	35,284,581
Total investments at fair value	1,809,514,776	1,600,771,762
accrued interest and dividends	2,209,869	6,502,211
Net assets at fair value	<u>\$ 1,811,724,645</u>	<u>\$ 1,607,273,973</u>

Investment income (loss) for the Master Trust is as follows for the years ended December 31, 2019 and 2018:

	2019	2018
Net appreciation (depreciation) in fair value of investments	\$ 238,773,848	\$ (97,073,859)
Interest and dividends	42,472,493	40,146,099
Net investment income (loss)	<u>\$ 281,246,341</u>	<u>\$ (56,927,760)</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, 2019 and 2018 for the Master Trust:

	2019	2018
Change in net assets:		
Net investment income (loss)	\$ 281,246,341	\$ (56,927,760)
Administrative expenses	(469,121)	(352,668)
Net transfers	(76,326,548)	(20,847,090)
Total change in net assets	204,450,672	(78,127,518)
Beginning of year net assets	1,607,273,973	1,685,401,491
End of year net assets	<u>\$ 1,811,724,645</u>	<u>\$ 1,607,273,973</u>

The following table presents the Plan's proportionate share of the fair values of investments by type at December 31, 2019 and 2018:

	2019	2018
Net assets at fair value:		
Equity:		
Long/hedged	\$ 70,915,747	\$ 62,167,295
Private	13,351,088	13,598,122
Total equity	84,266,835	75,765,417
Absolute return	33,435	48,409
Royalties	21,385,962	18,336,463
Fixed income	1,827,285	1,649,443
Cash/other	1,132,640	2,159,234
Total investments at fair value	108,646,157	97,958,966
accrued interest and dividends	132,684	397,902
Net assets at fair value	<u>\$ 108,778,841</u>	<u>\$ 98,356,868</u>

TIMET Defined Benefit Retirement Plan

Notes to Financial Statements

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, 2019 and 2018, 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.

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 reflected in the accompanying statements of net assets available for benefits and the related activity reflected in the statements of changes in net assets available for benefits is complete and accurate at December 31, 2019 and 2018, 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 the trustee, as defined by the Plan, and therefore 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, 2019 and 2018.

11. Subsequent Events

In March 2020, the World Health Organization recognized the novel strain of coronavirus, COVID- 19, as a pandemic. Due to the pandemic, the Plan experienced losses in its investment portfolio, none of which were determined to be other than temporary. Given the uncertainty of the spread of the coronavirus, the related financial impact to the Plan, if any, cannot be determined at this time. Plan management has evaluated subsequent events through 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, 2019)

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	0	0	0	0	0	0	0
45 - 49	0	0	0	0	0	3	0	0	0	0	3
50 - 54	0	0	0	0	0	0	1	0	0	0	1
55 - 59	0	0	4	0	0	1	1	2	16	0	24
60 - 64	0	0	3	1	0	2	1	4	23	10	44
65 - 69	0	1	1	0	0	0	1	1	1	11	16
70 & Up	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>3</u>
TOTAL	<u>0</u>	<u>2</u>	<u>8</u>	<u>1</u>	<u>0</u>	<u>7</u>	<u>4</u>	<u>7</u>	<u>41</u>	<u>21</u>	<u>91</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 2018 segment rates. As prescribed by segment rate stabilization legislation, in 2019 these rates must be between 90% and 110% of the 25-year average rates published by the IRS.

▪ Segment 1 payments under 5 years	3.74%
▪ Segment 2 payments between 5 and 20 years	5.35%
▪ Segment 3 payments after 20 years	6.11%

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.

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 assumed to follow the 2003 SOA Pension Plan Turnover Study Small Plan Service Table. Withdrawal rates at sample ages are shown below:

Service	Withdrawal Rate
0	19.8%
1	18.1%
2	16.5%
5	12.3%
10	7.4%
15	4.4%
20	2.5%
25	1.4%
30	0.8%
50	0.1%

Retirement

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

Age(s)	Retirement Rate
55-59	3.0%
60-61	10.0%
62	25.0%
63-64	10.0%
65-69	30.0%
70	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-2014 annuitant and non-annuitant static mortality tables for 2019 as prescribed by the IRS for all participants.

Disability

No employees were assumed to terminate due to disability.

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.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan TIMET DEFINED BENEFIT RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">021</td> </tr> </table>	B Three-digit plan number (PN) ►	021
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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TITANIUM METALS CORPORATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">D Employer Identification Number (EIN)</td> <td style="width: 40%; text-align: center;">13-5630895</td> </tr> </table>	D Employer Identification Number (EIN)	13-5630895
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Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2	Assets:	
	a Market value.....	98,356,868
	b Actuarial value	102,998,310
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	54,070,470
	b For terminated vested participants	5,558,699
	c For active participants	13,384,573
	d Total	73,013,742
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	5.36%
6	Target normal cost	571,633

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>10/06/2020</u> Date
	BRUCE R. MITTON Type or print name of actuary	<u>2005511</u> Most recent enrollment number
	MILLIMAN, INC. Firm name	<u>503-227-0634</u> Telephone number (including area code)
	1455 SW BROADWAY, SUITE 1600 Address of the firm	
	PORTLAND OR 97201	

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

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

Schedule SB (Form 5500) 2019
v. 190130

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

<u>Age</u>	<u>Retirement Rates</u>	<u>Probability of Not Retiring Before Age</u>	<u>Weighted Retirement Age</u>
55	0.0300	1.0000	1.6500
56	0.0300	0.9700	1.6296
57	0.0300	0.9409	1.6089
58	0.0300	0.9127	1.5881
59	0.0300	0.8853	1.5670
60	0.1000	0.8587	5.1524
61	0.1000	0.7729	4.7144
62	0.2500	0.6956	10.7814
63	0.1000	0.5217	3.2866
64	0.1000	0.4695	3.0049
65	0.3000	0.4226	8.2400
66	0.3000	0.2958	5.8567
67	0.3000	0.2071	4.1618
68	0.3000	0.1449	2.9567
69	0.3000	0.1015	2.1002
70	1.0000	0.0710	<u>4.9714</u>
Weighted Average Retirement Age			63.2701
Rounded 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.

Name

TIMET Defined Benefit Retirement Plan

Effective Dates

January 1, 1987; amended and restated effective January 1, 2016. The latest Plan amendment reflected in the valuation was Amendment 1, effective January 1, 2018.

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

There has been no plan changes since the last valuation.

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

In lieu of a single life annuity, participants may elect a joint and survivor annuity with 25%, 50%, 75%, or 100% continued to a beneficiary. All optional forms are actuarially equivalent to the life annuity using 5% interest and the applicable Code Section 417(e)(3) mortality table for the year of commencement.

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 dies prior to retirement, his surviving spouse will be eligible to receive a retirement benefit equal to the monthly 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.

Surviving Spouse's Benefit

If a participant who is still accruing service and has completed at least 15 Years of Service or has 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 50% of his accrued benefit, less 50% of the amount of any widow's benefit payable under a public pension. This Surviving Spouse's Benefit will not be less than \$107.50 for any month prior to eligibility for a widow's benefit under a public pension nor less than \$57.50 for any later 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, 2014, the monthly benefit payable at Normal Retirement date is equal to \$38.50 for each Year of Continuous Service prior to July 1, 2014 plus the following:

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

Optional Forms of Benefit

In lieu of a single life annuity, participants may elect a joint and survivor annuity with 50%, 75%, or 100% continued to a beneficiary. All optional forms are actuarially equivalent to the life annuity using 5% interest and the applicable Code Section 417(e)(3) mortality table for the year of commencement.

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.

Toronto, OH Bargaining Employees (continued)

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.

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

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

Optional Forms of Benefit

In lieu of a single life annuity, participants may elect a joint and survivor annuity with 50%, 75%, or 100% continued to a beneficiary. All optional forms are actuarially equivalent to the life annuity using 5% interest and the applicable Code Section 417(e)(3) mortality table for the year of commencement.

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.

Henderson, NV Bargaining Employees (continued)

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.

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.