

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>RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF ERAMET MARIETTA, INC.</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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1999</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>ERAMET MARIETTA, INC.</u> <u>P.O. BOX 299</u> <u>MARIETTA, OH 45750</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>98-0201165</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>740-374-1000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>331110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>98-0201165</u>	2c Plan Sponsor's telephone number <u>740-374-1000</u>	2d Business code (see instructions) <u>331110</u>	
2b Employer Identification Number (EIN) <u>98-0201165</u>					
2c Plan Sponsor's telephone number <u>740-374-1000</u>					
2d Business code (see instructions) <u>331110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	TERRY KIMBLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	TERRY KIMBLE
	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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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	5 290
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 90 6a(2) 87 6b 102 6c 80 6d 269 6e 17 6f 286 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☐ **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>RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF ERAMET MARIETTA, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ERAMET MARIETTA, INC.</u>	D Employer Identification Number (EIN) <u>98-0201165</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>22473371</u>
b Actuarial value	2b <u>24720708</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>112</u> (2) Vested Funding Target <u>9878877</u> (3) Total Funding Target <u>9878877</u>
b For terminated vested participants.....	<u>88</u> <u>3767828</u> <u>3767828</u>
c For active participants	<u>90</u> <u>8576612</u> <u>8751054</u>
d Total.....	<u>290</u> <u>22223317</u> <u>22397759</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>5.54</u> %
6 Target normal cost.....	6 <u>250617</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>10/07/2020</u>
	Signature of actuary	Date
<u>TIMOTHY J. GEDDES</u>		<u>20-06181</u>
	Type or print name of actuary	Most recent enrollment number
<u>DELOITTE CONSULTING LLP</u>		<u>313-396-3954</u>
	Firm name	Telephone number (including area code)
<u>200 RENAISSANCE CENTER, SUITE 3900</u> <u>DETROIT, MI 48243-1895</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
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-5.42</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.59</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		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	110.37 %
15 Adjusted funding target attainment percentage	15	102.72 %
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	111.08 %
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**

61

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** 250617**b** Excess assets, if applicable, but not greater than line 31a **31b** 250617**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****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****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

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF ERAMET MARIETTA, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ERAMET MARIETTA, INC.	D Employer Identification Number (EIN) 98-0201165	

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)

SCHNEIDER DOWNS & CO, INC.

ONE PPG PLACE, SUITE 1700
PITTSBURGH, PA 15222-5416

25-1408703

(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	PLAN AUDITOR	37272	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIGHLAND CONSULTING ASSOCIATES

159 CROCKER PARK BLVD, SUITE 350
CLEVELAND, OH 44145

34-1753575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	27674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE HUNTINGTON INVESTMENT COMPANY

41 SOUTH HIGH STREET
COLUMBUS, OH 43287

31-1066785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	10277	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF ERAMET MARIETTA, INC.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ERAMET MARIETTA, INC.	D Employer Identification Number (EIN) 98-0201165

Part I	Asset and Liability Statement
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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)	235271	5799
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)	2555250	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	15039365	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5274329	2496071
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	151399	23270283

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23255614	25772153

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	75640	5494
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	75640	5494

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23179974	25766659
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1392	
(B) U.S. Government securities	2b(1)(B)	5948	
(C) Corporate debt instruments	2b(1)(C)	7654	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1891	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16885
(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)	68010	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		68010
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14679553	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13899276	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		780277
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2037266	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2037266

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1211709
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4114147

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1448721	
(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)		1448721
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)	37272	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	41469	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		78741
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1527462

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2586685
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: SCHNEIDER DOWNS & CO., INC.

(2) EIN: 25-1408703

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.)			
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.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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 4225004. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF ERAMET MARIETTA, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ERAMET MARIETTA, INC.</u>	D Employer Identification Number (EIN) <u>98-0201165</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-6243960</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

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

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a	
14b	
14c	

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

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

b The corresponding number for the second preceding plan year

15a	
15b	

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

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

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

16a	
16b	

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

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

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

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

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

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.
Marietta, Ohio

Financial Statements
and
Supplementary Financial Information
As of and for the years ended December 31, 2019 and 2018
and Independent Auditors' Report Thereon



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INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Retirement Program Plan for Employees of Eramet Marietta, Inc.
Marietta, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Program Plan for Employees of Eramet Marietta, Inc. (the "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 accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Huntington National Bank, 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 and for the years ended December 31, 2019 and 2018 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.

Other Matter

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Schneider, Downs & Co. Inc.

Columbus, Ohio
October 9, 2020

Schedule SB, Part V – Statement of Plan Provisions**EIN/PIN 98-0201165/001****Plan Provisions Summary****Retirement Program Plan for Employees of Eramet Marietta Inc.**

Effective Date	The plan was originally effective July 1, 1999. The plan was most recently restated effective January 1, 2015.
Plan Year	January 1 to December 31
Eligibility for Participation	<p>Active participants: all Hourly and Salaried employees of Eramet Marietta, Inc. who elect to make Mandatory Participant Contributions beginning January 1, 2004, or who were participants in the plan as of December 31, 2003 but who have elected not to contribute and therefore have frozen benefits as of December 31, 2003.</p> <p>Inactive participants: former retired and terminated vested employees, and those designated as Marietta inactive participants during the spin-off from the Elkem plan.</p> <p>Effective December 31, 2006, the plan is closed to new salaried participants and benefits are frozen.</p> <p>Effective April 30, 2007, the plan is closed to new hourly participants and benefits are frozen.</p>
Mandatory Participant Contributions	The requirement to contribute ceased when the plan formula was frozen.
Benefit Service (Company Credit Service)	The total elapsed time between date of hire with the Company and date of termination from the Company, subject to the rules specified in the plan. No service is granted during any plan year in which the employee elects not to make Mandatory Participant Contributions.
Vesting Service	The total of the period of elapsed time which begins as of the first date of employment with the employer or an Affiliate Company and ends as of the date such employee incurs a Severance from Service with the employer and all Affiliated Companies, subject to rules specified in the plan. No service is granted during any plan year in which the employee elects not to make Mandatory Participant Contributions.
Final Average Monthly Compensation	<p>Average Monthly Compensation is computed using the monthly compensation described below during the three calendar years in which compensation was the highest during the ten calendar years just before termination or, if greater, the final 36 calendar months before termination.</p> <p>For salaried employees: base pay</p> <p>For hourly employees: the employee's total straight-time pay for the calendar year divided by the total straight-time hours worked by the employee during that year, and multiplied by 2,080 scheduled hours.</p> <p>Compensation is limited in accordance with IRC Section 401 (a)(17). Compensation paid during any period of time that the employee was eligible to make Mandatory Employee Contributions but declined will not be considered compensation for the purpose of determining Average Monthly Compensation.</p>

Schedule SB, Part V – Statement of Plan Provisions

EIN/PIN 98-0201165/001

Plan Provisions Summary

Retirement Program Plan for Employees of Eramet Marietta Inc.

Normal Retirement	
a. Eligibility	The first day of the month following the participant's 65th birthday
b. Benefit	<p>Monthly benefit equal to the greatest of (1), (2) and (3), where:</p> <p>(1) equals 1.27% of highest 3-year average of Average Monthly Compensation in the last ten years times years of Company Service Credit, plus \$45</p> <p>(2) equals \$5.00 per month for each year of Company Service Credit for the first ten years, \$7.00 per month for each year of Company Service Credit for the next ten years, and \$9.00 per month for each year of Company Service Credit over 20 years, plus 10% of final monthly earnings reduced by 1% for each year by which Company Service Credit is less than 8 years, plus \$45; and</p> <p>(3) equals 1.5% of Average Monthly Compensation as of December 31, 1988 times years of Company Service Credit as of December 31, 1988 less the product of (a) and (b), where:</p> <p>(a) equals the estimated monthly Social Security benefit based on the law in effect at the earlier of December 31, 1988 and actual retirement assumed to commence at the later of actual retirement or age 62, and</p> <p>(b) equals an amount equal to the lesser of 1.5% times Company Service Credit to December 31, 1988 or 50%, or the maximum offset based on IRS integration rules in effect at actual retirement, or December 31, 1988 if earlier.</p> <p>Effective December 31, 2006, benefit accruals for salaried participants are frozen.</p> <p>Effective April 30, 2007, benefit accruals for hourly participants are frozen.</p>
Early Retirement	
a. Eligibility	Employees who have completed ten or more years of Company Service Credit and have attained age 50.
b. Benefit	<p>Benefit accrued to date of termination reduced by 5% for each year early. The number of years early is the lesser of:</p> <p>(1) the difference between the Normal Retirement Date and the Early Retirement Date, or</p> <p>(2) for Salaried employees hired prior to January 1, 1998 and Hourly employees hired prior to April 1, 2000: the difference between 85 and the employee's age and credited service on the termination date or the difference between age 62 and the age at early retirement.</p>
Disability Benefit	
a. Eligibility	All employees who have completed ten years of Company Service Credit and are totally and permanently Disabled.
b. Benefit	<p><u>Benefit Before Normal Retirement:</u> Accrued benefit to end of 26 weeks waiting period (assuming disabled employee is eligible for Social Security disability benefits).</p> <p><u>Benefit After Normal Retirement:</u> Accrued benefit to end of 26 weeks waiting period.</p>

Schedule SB, Part V – Statement of Plan Provisions

EIN/PIN 98-0201165/001

Retirement Program Plan for Employees of Eramet Marietta Inc.

Plan Provisions Summary

Vested Benefits upon Termination	
a. Eligibility	All employees who terminate after completing five or more years of Vesting Service.
b. Benefit	<p>Termination Benefit: Benefit accrued to date payable at Normal Retirement Date or a reduced benefit (6-2/3% for the first 3 years early between age 65 and age 62 and 5% for each additional year early prior to age 62) at Early Retirement.</p> <p>Effective January 1, 2000, Salaried employees hired on or after January 1, 1998 and Hourly employees hired on or after April 1, 2000, the actuarial reduction shall be 5/12 percent for each month between age 65 and 50 that the Deferred Vested Benefit is commenced prior to age 65.</p>
Pre-retirement Death Benefit	
a. Eligibility	If the deceased employee has completed 10 years of Company Service Credit: a survivor benefit is payable to the spouse, or, if no spouse, the dependent children, or, if no spouse and no dependent children, a dependent parent of a deceased employee. If the deceased employee has completed five years of Vesting Service but not 10 years of Company Service Credit: a survivor benefit is payable to the surviving spouse.
b. Benefit	50% of the pension benefit which would have been payable to the employee if he or she had retired at earliest retirement date, commenced the J&S benefit and died the next day (if the Participant's Spouse is more than five years younger than the Participant, the Survivor Benefit shall be reduced by ½ percent for each full year over five that such Spouse is younger than the Participant; provided, however, that in no event shall the amount of the monthly Survivor's Benefit be reduced below 25 percent of the monthly benefit that the Participant had accrued at the date of his death.) payable for life or, in the case of dependent children, until age 23 if earlier.
Normal form of benefit	<p>If married: 50% Joint and Survivor Annuity with no actuarial reduction for benefits earned prior to January 1, 2004, and actuarially reduced for benefits earned after December 31, 2003.</p> <p>If not married: Life Annuity.</p>
Optional Forms of Retirement Income in Lieu of Normal Form	<p>Life Annuity</p> <p>50% Joint and Survivor</p> <p>75% Joint and Survivor</p> <p>Life Annuity with Social Security Leveling</p> <p>50% Joint and Survivor with Social Security Leveling</p> <p>75% Joint and Survivor with Social Security Leveling</p>
Actuarial Equivalence	All optional forms of payment, with the exception of the Qualified Joint and Survivor Annuity applicable to accrued benefits earned prior to January 1, 2004, are adjusted to be actuarially equivalent to the Normal Form of Payment. However, the Qualified Joint and Survivor Annuity (50% Joint and Survivor) for accrued benefits earned prior to January 1, 2004, is unreduced.
Changes Since Prior Valuation	None.

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

EIN: 98-0201165
PLAN NUMBER: 001

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

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investments	(d) Cost	(e) Current Value
	Equity mutual funds:			
	Vanguard Trust Company	Total Stock Market Index Fund - Admiral Shares	\$ 808,838	\$ 1,026,272
	Vanguard Trust Company	Developed Markets Index Fund - Admiral Shares	722,843	844,067
	Vanguard Trust Company	Primecap Fund - Admiral Shares	305,115	365,998
			<u>1,836,796</u>	<u>2,236,337</u>
	Collective trust funds:			
	Acadian Global	Global Low Volatility Fund, LLC	701,396	1,114,553
	Acadian	Emerging Markets Equity Fund	840	308,656
	Investec	Emerging Markets Equity Fund	260,291	297,719
			<u>962,527</u>	<u>1,720,928</u>
	Fixed-income securitites:			
	MetLife	MetLife	18,254,229	21,549,355
			<u>18,254,229</u>	<u>21,549,355</u>
	Money market funds:			
	Federated	Federated Government Obligation	259,734	259,734
			<u>\$ 21,313,286</u>	<u>\$ 25,766,354</u>

See independent auditors' report.

Schedule SB, Line 26 – Schedule of Active Participants

EIN/PIN 98-0201165/001

Participant Information

Retirement Program Plan for Employees of Eramet Marietta Inc.

The following table displays the distribution of active participants by age and service.

Table 23

Age Group	Credited Service										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
0 - 24											0
24 - 29											0
30 - 34											0
35 - 39											0
40 - 44		1	4								5
45 - 49			4	2	2						8
50 - 54		1	3	4	6						14
55 - 59	1	2	3		13	3	1				23
60 - 64		2	3		14	9	7	2			37
65 - 69		1	1					1			3
70+											0
Total	1	7	18	6	35	12	8	3	0	0	90

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

EIN/PIN 98-0201165/001

Retirement Program Plan for Employees of Eramet Marietta Inc.

Actuarial Methods for Funding and Present Value of Accrued Benefits

Liability Valuation Method

Funding Target and Target Normal Cost as Defined in PPA

The Funding Target is defined to be the present value of the benefits accrued or earned at the valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the Funding Target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the Target Normal Cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the Funding Target and Target Normal Cost of a Plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The Target Normal Cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from Actuarial Value of Assets for a plan year are not reflected in the determination of a plan's Funding Target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan's Target Normal Cost.

Generally if insurance contracts are held by the Plan, they are included in Actuarial Value of Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a Plan's Funding Target and Target Normal Cost for a plan year is based on Plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a Plan amendment is treated as having been adopted on the first day of the plan year (including a Plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the Funding Target for the plan year and the amount the Funding Target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of Plan amendments within the last two years are excluded from the calculation of the cushion amount.

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

EIN/PIN 98-0201165/001

Retirement Program Plan for Employees of Eramet Marietta Inc.

Actuarial Methods for Funding and Present Value of Accrued Benefits

Asset Valuation Method

Actuarial Value of Assets are determined using the two-year averaging method as set forth in Notice 2009-22. Under this method, the Actuarial Value of Assets is the average of the fair market value of the assets on the valuation date and the adjusted fair Market Value of Assets determined as of the two prior determination dates. The adjusted fair Market Value of Assets as of a determination date is the Market Value of Assets on that date, increased by contributions that were not included in the plan's asset balance on the determination date and decreased by benefits and administrative expenses between that determination date and the valuation date plus an adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The calculated value is then further constrained to be no more than 110% of the Market Value of Assets plus discounted receivable contributions and no less than 90% of the Market Value of Assets plus discounted contributions.

Procedures

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the employer. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The employer provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

For active participants, the accrued pension benefits as of the valuation date and payable from the assumed retirement age were determined based on actual plan compensation history for each participant. For inactive participants, accrued benefits were either supplied by the Company or estimated. The Actuarial Present Value of Accumulated Plan Benefits was determined by multiplying the accrued pension benefits by single premium cost factors based on the applicable actuarial assumptions for accrued benefits.

Method Changes Since Last Year

There were no method changes since the prior valuation.

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

EIN/PIN 98-0201165/001

Retirement Program Plan for Employees of Eramet Marietta Inc.

Actuarial Assumptions

Interest Rates		Pre-MAP-21 Segment Rates ¹	25-Year Average Segment Rates	HATFA/BBA Corridor (90%- 110% for 2019)	HATFA/BBA Segment Rates ²
	Lookback Month	September	N/A	N/A	N/A
	First Segment Rate	2.28%	4.15%	3.74% - 4.57%	3.74%
	Second Segment Rate	3.81%	5.94%	5.35% - 6.53%	5.35%
	Third Segment Rate	4.46%	6.79%	6.11% - 7.47%	6.11%
	Effective Rate	4.02%	N/A	N/A	5.54%
	<p>¹ Used for Maximum Deductible, PBGC Method for Variable-Rate Premium, ERISA §4010 reporting \$15M underfunded and 80% threshold, and excess assets for §420 transfers.</p> <p>² Used for minimum funding and benefit restrictions</p> <p>Expected asset return for Actuarial Value of Assets Determination: 5.65% (limited to the third segment rate for the applicable plan year per IRS regulation)</p> <p>ASC 960: 5.65% per annum</p>				
Mortality	<p><u>Healthy:</u></p> <p>Funding Target: As defined in §1.430(h)(3)-1(a)(3). This table is based on the annuitant and non-annuitant static mortality rates for 2019 for males and females from IRS §1.430(h)(3)-1(e).</p> <p>ASC 960: RP-2006 blue collar mortality tables for males and females with generational projection of mortality improvement using the RPEC_2014_v2018 projection model with 0.75% long-term improvement rate, 10-year convergence period from 2014, a 50/50 blend of the diagonal and horizontal functions. and a zero initial slope constraint.</p>				
	<p><u>Disabled:</u></p> <p>Funding: Mortality in accordance with Revenue Ruling 96-7.</p> <p>ASC 960: RP-2006 disability mortality tables for males and females with generational projection of mortality improvement using the RPEC_2014_v2018 projection model with 0.75% long-term improvement rate, 10-year convergence period from 2014, a 50/50 blend of the diagonal and horizontal functions, and a zero initial slope constraint.</p>				
Data	<p>This actuarial valuation has been prepared based upon participant data provided by the employer. We have checked the data for reasonableness, but have not independently audited the data. We have no reason to believe the data is not complete and accurate, and know of no further information that is essential to the preparation of the actuarial valuation.</p>				

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

EIN/PIN 98-0201165/001

Retirement Program Plan for Employees of Eramet Marietta Inc.

Actuarial Assumptions

Salary Growth	N/A		
Social Security Wage	N/A		
Withdrawal	Sample rates are as follows		
	<u>Attained Age</u>	<u>Rates</u>	
	25	5.35%	
	30	4.93%	
	35	4.61%	
	40	4.04%	
	45	3.57%	
	50	2.17%	
	55	1.38%	
	60	0.00%	
Retirement Age	Annual probabilities of retirement are as follows:		
	<u>Age</u>	<u>Hourly Hired pre 5/1/00 and Salaried Hired pre 1/1/98</u>	<u>Hourly Hired on or after 5/1/00 and Salaried Hired on or after 1/1/98</u>
	50	2%	1%
	51	2%	1%
	52	2%	1%
	53	2%	1%
	54	2%	1%
	55	3%	2%
	56	3%	2%
	57	3%	2%
	58	3%	2%
	59	5%	3%
	60	5%	3%
	61	5%	3%
	62	60%	50%
	63	10%	5%
	64	10%	5%
	65 and older	100%	100%

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

EIN/PIN 98-0201165/001

Actuarial Assumptions

Retirement Program Plan for Employees of Eramet Marietta Inc.

Disability	<p>2013 Individual Disability Insurance Valuation Incidence Table (blue collar), sex distinct, using an underlying elimination period of 6 months.</p> <table><tr><td></td><td colspan="2">Blue Collar*</td></tr><tr><td>Age</td><td>Male</td><td>Female</td></tr><tr><td>20</td><td>0.38%</td><td>0.35%</td></tr><tr><td>25</td><td>0.38%</td><td>0.35%</td></tr><tr><td>30</td><td>0.35%</td><td>0.44%</td></tr><tr><td>35</td><td>0.35%</td><td>0.54%</td></tr><tr><td>40</td><td>0.40%</td><td>0.64%</td></tr><tr><td>45</td><td>0.51%</td><td>0.75%</td></tr><tr><td>50</td><td>0.71%</td><td>0.88%</td></tr><tr><td>55</td><td>1.03%</td><td>1.10%</td></tr><tr><td>60</td><td>1.45%</td><td>1.41%</td></tr><tr><td>65</td><td>1.96%</td><td>1.81%</td></tr></table> <p><i>* The Blue Collar rates are based on occupation class 4 which is blue collar occupation with heavy manual duties. The rates are developed based on incidence of accident and sickness.</i></p>		Blue Collar*		Age	Male	Female	20	0.38%	0.35%	25	0.38%	0.35%	30	0.35%	0.44%	35	0.35%	0.54%	40	0.40%	0.64%	45	0.51%	0.75%	50	0.71%	0.88%	55	1.03%	1.10%	60	1.45%	1.41%	65	1.96%	1.81%
	Blue Collar*																																				
Age	Male	Female																																			
20	0.38%	0.35%																																			
25	0.38%	0.35%																																			
30	0.35%	0.44%																																			
35	0.35%	0.54%																																			
40	0.40%	0.64%																																			
45	0.51%	0.75%																																			
50	0.71%	0.88%																																			
55	1.03%	1.10%																																			
60	1.45%	1.41%																																			
65	1.96%	1.81%																																			
Expenses	<p>Administrative expenses are assumed to include PBGC expenses from the current year as PBGC premiums are currently paid by the plan trust.</p> <p>The amount included this year for administrative expenses is \$250,617.</p>																																				
Percentage of Married	<p>70% of males; 70% of females. Used to value pre-retirement surviving spouse benefits. Male participants are assumed to be four years older than their spouses, and female participants are assumed to be four years younger than their spouses.</p>																																				
Form of Payment	<p>100% of participants elect the normal form of payment based on assumed marital status at retirement.</p>																																				
Assumption Changes	<p>Funding: The interest rates and mortality assumptions were updated per IRS requirements.</p> <p>ASC 960: The mortality assumption was updated to reflect the RPEC_2014_v2018 projection model.</p> <p>The disability incidence table has been updated to the 2013 Individual Disability Insurance Valuation Incidence Table (blue collar), sex distinct, using an underlying elimination period of 6 months.</p>																																				

Attachment to Schedule SB - 2019 Form 5500

EIN: 98-0201165 / PIN: 001

Plan Name: Retirement Program Plan for Employees of Eramet Marietta, Inc.

Change in Assumptions

The disability incidence table has been updated to the 2013 Individual Disability Insurance Valuation Incidence Table (blue collar), sex distinct, using an underlying elimination period of 6 months.

Justification for Changes

Disability rates were based on a recently published table applicable to participants similar to those participating in this pension plan. Assumed disability rates differ by gender because of expected differences in disability rates by gender.

Attachment to Schedule SB - 2019 Form 5500

EIN: 98-0201165

PIN: 001

Plan Name: Retirement Program Plan for Employees of Eramet Marietta, Inc.

Schedule SB, line 22 - Description of Weighted Average Retirement Age

A) Hourly employees hired before 5/1/2000 and Salaried employees hired before 1/1/1998

Age	Probability of Retirement	% Retiring	Weighted Ages
50	2.00%	2.00%	1.00000
51	2.00%	1.96%	0.99960
52	2.00%	1.92%	0.99882
53	2.00%	1.88%	0.99766
54	2.00%	1.84%	0.99616
55	3.00%	2.71%	1.49147
56	3.00%	2.63%	1.47303
57	3.00%	2.55%	1.45435
58	3.00%	2.47%	1.43547
59	5.00%	4.00%	2.36069
60	5.00%	3.80%	2.28067
61	5.00%	3.61%	2.20275
62	60.00%	41.17%	25.52296
63	10.00%	2.74%	1.72897
64	10.00%	2.47%	1.58078
65	100.00%	22.23%	14.44929
Weighted Average Retirement Age			60.97

B) Hourly employees hired after 5/1/2000 and Salaried employees hired after 1/1/1998

Age	Probability of Retirement	% Retiring	Weighted Ages
50	1.00%	1.00%	0.50000
51	1.00%	0.99%	0.50490
52	1.00%	0.98%	0.50965
53	1.00%	0.97%	0.51426
54	1.00%	0.96%	0.51872
55	2.00%	1.90%	1.04609
56	2.00%	1.86%	1.04381
57	2.00%	1.83%	1.04120
58	2.00%	1.79%	1.03827
59	3.00%	2.63%	1.55258
60	3.00%	2.55%	1.53153
61	3.00%	2.48%	1.51034
62	50.00%	40.03%	24.81745
63	5.00%	2.00%	1.26089
64	5.00%	1.90%	1.21686
65	100.00%	36.13%	23.48151
Weighted Average Retirement Age			62.09

Category	(1) Number of Employees	(2) Average Retirement Age	(1) x (2)
A	69	60.97	4,207.11
B	21	62.09	1,303.85
Total	90		5,510.96
Avg Retirement Age [Total (1) x (2) / Total (1)]			61.23
Rounded for Schedule SB Line 22			61

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2019	2018
ASSETS		
INVESTMENTS, AT FAIR VALUE	\$ 25,766,354	\$ 23,020,343
INTEREST RECEIVABLE	5,799	235,271
Total Assets	25,772,153	23,255,614
LIABILITIES		
ACCOUNTS PAYABLE	5,494	75,640
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 25,766,659</u>	<u>\$ 23,179,974</u>

See notes to financial statements.

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO		
Investment income:		
Interest and dividends	\$ 84,895	\$ 3,132,113
Net appreciation in fair value of investments	<u>4,029,252</u>	<u>-</u>
Total Investment Income	<u>4,114,147</u>	<u>3,132,113</u>
Total Additions	4,114,147	3,132,113
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO		
Benefits paid to participants (see Note 1)	1,448,721	69,086,009
Net depreciation in fair value of investments	-	6,905,429
Administrative expenses	<u>78,741</u>	<u>425,126</u>
Total Deductions	<u>1,527,462</u>	<u>76,416,564</u>
Increase (Decrease) In Net Assets Available For Benefits	2,586,685	(73,284,451)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>23,179,974</u>	<u>96,464,425</u>
End of year	<u><u>\$ 25,766,659</u></u>	<u><u>\$ 23,179,974</u></u>

See notes to financial statements.

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Retirement Program Plan for Employees of Eramet Marietta, Inc. (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a defined benefit pension plan covering all employees, except as noted below, of Eramet Marietta, Inc. (the "Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was frozen January 1, 2007 for salaried employees and May 1, 2007 for hourly employees. The effect of this freezing is that salaried employees hired after December 31, 2006 and hourly employees hired after April 30, 2007 are not eligible to participate, and benefits for salaried and hourly employees currently participating in the Plan are frozen as of the same dates.

Vesting - A participant who has completed five years of continuous service and who, for reasons other than retirement or death, ceases to be employed by the Company or an affiliated company, is eligible for a deferred vested retirement benefit.

During the year ended December 31, 2018, the Company purchased an annuity contract from Plan assets, which resulted in annuitized individuals no longer being participants in the Plan. An annuitized individual is defined as a participant who was receiving monthly benefits on or before December 1, 2018, but does not include participants: (1) whose benefits are subject to a qualified domestic relations order, (2) who are receiving a disability benefit, (3) whose benefit is being paid in the form of the Social Security level income option, or (4) for whom there are administrative complexities associated with the benefit payable under the Plan. The annuity contract provides for the continued payment of the annuitized individual's benefit in the same form that was in effect under the Plan immediately before the annuity contract was purchased. The purchase resulted in a decrease in Plan assets of approximately \$62,882,000 and is included in benefits paid to participants on the statements of changes in net assets available for benefits.

Retirement Benefits - A participant can retire with full pension benefits when the total of age and Company service credit equals 85, or at age 62 with 10 years of Company service credit, or at the normal retirement age of 65. Participants can retire as early as age 50 with a reduced pension benefit if the participant has 10 years of Company service credit. Company service credit is generally the total elapsed time between the employee's date of hire with the Company and date of termination from the Company. The Plan also includes surviving spouse benefits upon the participant's death.

Death and Disability Benefits - If a married participant with five or more years of Company service credit dies before retirement, a monthly benefit payment is payable to the surviving spouse. The benefit equals one-half of the participant's vested accrued pension benefits, actuarially reduced to reflect the election of the 50% survivor form of payment. The participant's vested accrued benefit is calculated based on separation of service as of the latter of early retirement date or date of death.

A participant with at least 10 years of Company service credit who becomes permanently disabled is entitled to an accrued pension benefit after 26 weeks of total disability.

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies consistently followed by the Plan:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting, except that benefit payments are recorded when paid.

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

Investment Valuation and Income Recognition - Investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Benefit Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 3 for discussion of fair value measurements.

Purchases and Sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

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

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

Payment of Benefits - Benefit payments to participants are recorded when paid.

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting Pronouncements - In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2018-13, which changes the fair value measurement disclosure requirements of Fair Value Measurement (Topic 820): Disclosure Framework - Change to Disclosure Requirements for Fair Value Measurement (ASU 2018-13). ASU 2018-13 is effective for annual periods beginning after December 15, 2019 and early adoption is permitted under the guidance. Plan management is currently in the process of evaluating the impact that the adoption of ASU 2018-13 will have on its financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS

The FASB accounting standard for Fair Value Measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Money Market Fund: Valued at cost, which approximates fair value. The fair value of these assets are measured using Level 1 inputs.

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Fixed Income Securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Collective Trust Fund: Valued at the NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value and is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,236,337	-	-	\$ 2,236,337
Fixed income securities	-	\$ 21,549,355	-	21,549,355
Money market fund	259,734	-	-	259,734
	<u>\$ 2,496,071</u>	<u>\$ 21,549,355</u>	<u>-</u>	<u>24,045,426</u>
Investments measured at net asset value (a)				<u>1,720,928</u>
Total Assets At Fair Value				<u>\$ 25,766,354</u>

Assets at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,886,138	-	-	\$ 1,886,138
Fixed income securities	-	\$ 17,746,014	-	17,746,014
Money market fund	1,274,208	-	-	1,274,208
	<u>\$ 3,160,346</u>	<u>\$ 17,746,014</u>	<u>-</u>	<u>20,906,360</u>
Investments measured at net asset value (a)				<u>2,113,983</u>
Total Assets At Fair Value				<u>\$ 23,020,343</u>

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

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

The following table summarizes investments measured at fair value based on NAV per share as of December 31:

<u>December 31, 2019</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Collective trust funds	\$ 1,720,928	None	Daily	30 days

<u>December 31, 2018</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Collective trust funds	\$ 2,113,983	None	Daily	30 days

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The trustee of the Plan, The Huntington National Bank, certified that certain information is complete and accurate. Such information includes the composition, cost and current value of investments and income receivable reported in the statements of net assets available for benefits and interest and dividend income and net (depreciation) appreciation in fair value of investments reported in the statements of changes in net assets available for benefits.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. Benefits under the Plan are calculated based on a percentage of average monthly compensation depending on an employee's length of service, up to a maximum of 30 years. The accumulated plan benefits for active employees are based on the benefit formula in effect on the date the plan was frozen. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered prior to January 1, 2007 and May 1, 2007.

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated plan benefits is determined by an independent actuary firm (Deloitte Consulting, LLP) and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2019 and 2018 were:

Actuarial Cost Method - The unit credit method was used for both 2019 and 2018.

Discount Rate - The rate used to discount pension liabilities was 5.65% in 2019 and 2018, respectively.

Investment Return - The expected rate of return on plan assets was 5.65% for 2019 and 2018, respectively.

Mortality Basis - The asc 960: RP-2006 Blue Collar mortality table (generational) for males and females using RPEC_2014_V2018 projection scale was used for 2019. The RP-2014 Blue Collar mortality table (generational) for males and females using RPEC_2014_V2017 projection scale was used for 2018. Other disabled mortality rates were used for employees retired on disability pensions.

Retirement Age - Calculated using rates varying by age, resulting in an average retirement age of 62.

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

The actuarial present value of accumulated plan benefits as of January 1, 2019 and 2018 is summarized as follows:

	<u>2019</u>	<u>2018</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested benefits:		
Participants currently receiving payments	\$ 9,869,694	\$ 65,508,470
Active participants	8,369,040	9,537,065
Participants with deferred benefits	<u>3,688,589</u>	<u>3,929,635</u>
	21,927,323	78,975,170
Non-vested accumulated benefits	<u>205,557</u>	<u>318,928</u>
Total Actuarial Present Value Of Accumulated Plan Benefits	\$ <u>22,132,880</u>	\$ <u>79,294,098</u>

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The change in actuarial present value of accumulated plan benefits for the years ended January 1, 2019 and 2018 is as follows:

	<u>2019</u>	<u>2018</u>
CHANGE IN ACCUMULATED PLAN BENEFITS:		
Actuarial present value of accumulated plan benefits - beginning of year	\$ 79,294,098	\$ 76,965,808
Decrease during the year attributable to:		
Benefits accumulated including changes due to plan experience	7,810,328	723,097
Increase for interest due to decrease in discount period	4,163,150	4,604,749
Benefits paid	(6,203,830)	(6,731,756)
Settlement Payments	(62,882,179)	-
Change in actuarial assumptions	(48,687)	3,732,200
Net (Decrease) Increase	<u>(57,161,218)</u>	<u>2,328,290</u>
Actuarial Present Value Of Accumulated Plan Benefits - End Of Year	\$ <u>22,132,880</u>	\$ <u>79,294,098</u>

NOTE 6 - FUNDING POLICY

The benefits under the Plan are funded by employer contributions. Prior to May 1, 2007, employees contributed to the Plan, and the accumulated contributions as of December 31, 2019 and 2018 were approximately \$1,589,000. Employer contributions are made upon recommendations of the Plan's actuary based on annual valuations of the Plan.

Contributions from the Company are accrued based on the actuarially determined amount of normal and past service cost as of the end of the Plan year. The Company's funding policy is to make annual contributions sufficient to at least comply with the minimum funding requirements set forth by ERISA. No Company contributions were required in 2019 and 2018.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan at any time, subject to the provisions set forth in ERISA.

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 7 - PLAN TERMINATION (Continued)

Under provisions of ERISA, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan, and participants may be eligible for continuation of benefits through insurance provided by the Pension Benefit Guaranty Corporation (PBGC). Whether a particular participant's accumulated plan benefits will be paid depends on both 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 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 might not be provided for. A description of the priority of participants' claims to the assets of the Plan upon termination is published in the Plan document and made available to participants.

NOTE 8 - TAX STATUS

The Plan received a determination letter from the Internal Revenue Service (IRS) dated September 8, 2016, stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter, however the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2016.

NOTE 9 - SUBSEQUENT EVENTS

Subsequent Events - Subsequent events are defined as events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are issued or are available to be issued. The Plan has evaluated subsequent events through October 9, 2020, the date the financial statements were available to be issued and determined that there have been no events that have occurred that would require adjustments to the disclosures in the financial statements except for the matter described in the following paragraph.

The coronavirus pandemic could materially and adversely affect the Plan, its operations, and its performance. Government-imposed quarantines have caused market performance of the investments to decline. Management of the Plan is unable to accurately predict how the coronavirus pandemic will affect the results of Plan operations because the severity and duration of the pandemic are uncertain. However, while it is premature to accurately predict the ultimate impact of these developments, the Plan expects its results for the year ended December 31, 2020 to be materially impacted.

SUPPLEMENTARY FINANCIAL INFORMATION

RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF
ERAMET MARIETTA, INC.

EIN: 98-0201165
PLAN NUMBER: 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2019

Series transactions involving an amount in excess of 5% of the current value of plan assets.

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price		(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
US Treasury	N/B 3% 8/15/2048	\$ 2,220,541	-	(A)	\$ 2,220,541	\$ 2,211,503	-
US Treasury	N/B 3% 8/15/2048	-	\$ 2,028,794	(B)	2,026,026	2,031,001	\$ 2,768
US Treasury	N/B 3.375% 11/15/2048	1,150,563	-	(C)	1,150,563	1,150,999	-
US Treasury	N/B 3.375% 11/15/2048	-	674,343	(D)	674,593	674,642	(250)
US Treasury	N/B 3.125% 11/15/2048	574,731	-	(E)	574,731	574,758	-
US Treasury	N/B 3.125% 11/15/2048	-	920,466	(F)	916,698	921,320	3,768

(A) Consists of 61 purchase transactions

(B) Consists of 24 sales transactions

(C) Consists of 50 purchase transactions

(D) Consists of 18 sales transactions

(E) Consists of 8 purchase transactions

(F) Consists of 15 sales transactions

See independent auditors' report.

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.	<small>OMB No. 1210-0110</small> 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 Retirement Program Plan for Employees of Eramet Marietta, Inc.	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Eramet Marietta, Inc.	D Employer Identification Number (EIN) <u>98-0201165</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>1</u> Day <u>1</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	22,473,371
	b Actuarial value	2b	24,720,708
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	112	9,878,877
	b For terminated vested participants.....	88	3,767,828
	c For active participants	90	8,576,612
	d Total.....	290	22,223,317
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	5.54 %
6	Target normal cost.....	6	250,617

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>10/7/2020</u> Date
	<u>Timothy J. Geddes</u> Type or print name of actuary	<u>20-06181</u> Most recent enrollment number
	<u>Deloitte Consulting LLP</u> Firm name	<u>(313) 396-3954</u> Telephone number (including area code)
	<u>200 Renaissance Center Suite 3900 Detroit MI 48243-1895</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	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-5.42</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.59</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	110.37%
15 Adjusted funding target attainment percentage	15	102.72%
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	111.08%
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**

61

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** 250,617**b** Excess assets, if applicable, but not greater than line 31a **31b** 250,617**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

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

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****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