

<p style="text-align: center;"><b>Form 5500</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: large;"><b>2023</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>HAYNES INTERNATIONAL, INC. PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>004</u></p>
<p><b>2a</b> 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>HAYNES INTERNATIONAL, INC.</u></p> <p><u>1020 WEST PARK AVE.</u> <u>P.O. BOX 9013</u> <u>KOKOMO, IN 46904-9013</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1970</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>06-1185400</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>765-456-6000</u></p> <p><b>2d</b> Business code (see instructions) <u>331400</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/15/2025	JENNIFER YOUNCE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/15/2025	DANIEL MAUDLIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1001
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	292
	<b>6a(2)</b>	263
	<b>6b</b>	563
	<b>6c</b>	58
	<b>6d</b>	884
	<b>6e</b>	100
	<b>6f</b>	984
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (1)  **R** (Retirement Plan Information)
  - (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
  - (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
  - (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
  - (5)  **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

<b>A</b> Name of plan <u>HAYNES INTERNATIONAL, INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HAYNES INTERNATIONAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>06-1185400</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>208193314</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>229012645</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>634</u>	<u>150186151</u>
	<b>b</b> For terminated vested participants .....	<u>75</u>	<u>4864061</u>
	<b>c</b> For active participants .....	<u>292</u>	<u>61648120</u>
	<b>d</b> Total .....	<u>1001</u>	<u>216698332</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.21 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>2607774</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>410000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>3017774</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>06/13/2025</u>
	<u>MATTHEW C. BURLEY, A.S.A., E.A.</u>	Date
	Type or print name of actuary	<u>23-05956</u>
	<u>TRANSAMERICA</u>	Most recent enrollment number
	Firm name	<u>508-903-6015</u>
	<u>PO BOX 428</u>	Telephone number (including area code)
	<u>CEDAR RAPIDS, IA 52406-0428</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	5529672
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	5529672
<b>10</b>	Interest on line 9 using prior year's actual return of <u>4.78</u> % .....	0	264318
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		5632054
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> % .....		303005
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		5935059
	<b>d</b> Portion of (c) to be added to prefunding balance .....		5935059
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	4814467
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	6914582

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	101.37 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	104.53 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	103.72 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(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
07/02/2024	500000		01/03/2025	500000	
08/01/2024	500000		02/03/2025	500000	
09/03/2024	500000		03/03/2025	500000	
10/01/2024	500000		04/01/2025	500000	
11/01/2024	500000		05/01/2025	500000	
12/02/2024	500000		06/02/2025	500000	
			<b>Totals ▶</b>	<b>18(b)</b>	6000000
				<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	5643128

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....			<b>31a</b> 3017774
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 3017774
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	0		0
<b>b</b> Waiver amortization installment .....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 5643128
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 5643128
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>HAYNES INTERNATIONAL, INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HAYNES INTERNATIONAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1185400</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

**TRANSAMERICA RETIREMENT SOLUTIONS**

**13-3689044**

**(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 12 15 28 38 50 59 61 62 63 64	RECORDKEEPER	293187	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RSM US, LLP

42-0714325

(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 50	AUDITOR	27300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>HAYNES INTERNATIONAL, INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HAYNES INTERNATIONAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1185400</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	22438559	17767488
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	181332610	212931717

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	203771169	230699205
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	203771169	230699205

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	6000000	
(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)		6000000
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)		
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	367701	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		367701
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		5861228
<b>c</b> Other income .....	<b>2c</b>		29697284
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		41926213

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	14569218	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		14569218
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	213850	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	27300	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	12914	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	66423	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	108472	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		428959
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		14998177

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		26928036
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 541828.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>HAYNES INTERNATIONAL, INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HAYNES INTERNATIONAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1185400</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
---	----------	----------

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 13-3689044

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>0</b>
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<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

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

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: 7.7% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: 92.3%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

# Haynes International, Inc. Pension Plan

Employer ID No: 06-1185400 Plan  
Number: 004

Financial Statements as of and for the  
Years Ended September 30, 2024 and 2023,  
Supplemental Schedules as of and for the Year  
Ended September 30, 2024, and Independent  
Auditor's Report

# HAYNES INTERNATIONAL, INC. PENSION PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## Independent Auditor's Report

Plan Administrator  
Haynes International, Inc. Pension Plan

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

We have performed audits of the financial statements of Haynes International, Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of September 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

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

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

#### **Other Matter—Supplemental Schedules Required by ERISA**

The supplemental schedules of assets (held at end of year) and schedule of reportable transactions as of September 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*RSM US LLP*

Indianapolis, Indiana  
July 1, 2025

## HAYNES INTERNATIONAL, INC. PENSION PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF SEPTEMBER 30, 2024 AND 2023

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	2024	2023
ASSETS:		
Investments-at fair value:		
Common/collective funds:		
Bond portfolio	\$ 212,931,717	\$ 181,332,611
Mutual funds	17,767,488	22,438,558
	<hr/>	<hr/>
Total investments	<u>230,699,205</u>	<u>203,771,169</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 230,699,205</u>	<u>\$ 203,771,169</u>

See notes to financial statements.

## HAYNES INTERNATIONAL, INC. PENSION PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023

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	2024	2023
ADDITIONS:		
Employer contributions	\$ 6,000,000	\$ 6,000,000
Dividends	367,701	489,811
Net appreciation in fair value of investments	<u>35,558,512</u>	<u>9,021,799</u>
Total additions	<u>41,926,213</u>	<u>15,511,610</u>
DEDUCTIONS:		
Benefit payments	14,569,218	14,072,144
Administrative expenses	<u>428,959</u>	<u>883,814</u>
Total deductions	<u>14,998,177</u>	<u>14,955,958</u>
NET INCREASE	26,928,036	555,652
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>203,771,169</u>	<u>203,215,517</u>
End of year	<u>\$ 230,699,205</u>	<u>\$ 203,771,169</u>

See notes to financial statements.

# HAYNES INTERNATIONAL, INC. PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023

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### 1. DESCRIPTION OF PLAN

The following description of the Haynes International, Inc. Pension Plan (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 noncontributory defined benefit plan that provides retirement income and disability benefits for certain employees of Haynes International, Inc. (the “Company”) and its predecessors who meet the eligibility requirements as defined by the Plan. The Company’s Retirement Committee and the Plan administrator manage the operation and administration of the Plan. State Street Bank and Trust Company serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Pension Benefits** — A participant’s right to receive benefits (vesting) occurs after five years of service, as defined in the Plan. When vested participants are eligible to retire, they are entitled to benefits even if they had previously terminated their employment. Employees who terminate employment prior to the five-year vesting period will forfeit the right to receive the portion of their accumulated plan benefits upon retirement.

Disability, death and certain early retirement benefits are also provided. The standard form of pension benefit is the straight life annuity for single employees and the reduced 50% joint and survivor annuity for married employees. Upon retirement, married plan participants with their spouse’s approval, may elect the single life annuity. The joint and survivor annuity provides for reduced benefits during the lifetime of Plan participants with continuing payments to a participant’s surviving spouse.

Effective January 1, 2006, no new nonunion employees were eligible to participate in the Plan. Effective July 1, 2007, no new union employees were eligible to participate in the Plan. Effective December 31, 2007, the Plan was amended to freeze nonunion participants’ plan benefits. All nonunion participants were immediately 100% vested in their accrued retirement benefits at that date. Nonunion participants will no longer accrue benefits for service; only years of service and compensation earned prior to December 31, 2007, will be included in the retirement benefits.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Investment Valuation and Income Recognition** — Fair value of financial instruments is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants and the measurement date. Investments are valued using net asset value as of the last day of the Plan year as determined by the issuer of the fund based on the fair value of the underlying investments. Refer to Footnote 7.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Dividend income is accrued on the ex-dividend date, and interest income is accrued as earned. Purchases and sales of securities are accounted for as of the trade date. Gains and losses are realized upon the sale of a security as calculated by the average cost method. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Actuarial Method and Assumptions** — The actuarial cost method used in the valuation is the traditional unit credit actuarial cost method, with benefits projected on the basis of credited service.

**Contributions** — Contributions to provide benefits under the Plan are made solely by the Company. Company contributions are accrued and paid based upon actuarially determined amounts, which are sufficient to meet or exceed the minimum requirements of ERISA. The contributions of the Company are designed to fund the Plan's current service costs on a current basis and to fund the Plan's unfunded prior service liability over periods of time as permitted under ERISA under the unit credit cost method. Based on this policy, contributions (on an accrual basis) of \$6,000,000 were made during each of the years ended September 30, 2024 and 2023. As of September 30, 2024 and 2023, contributions receivable of \$0 were recorded based on the minimum required contribution in accordance with ERISA. For the years ended September 30, 2024 and 2023, the Company met the minimum funding requirements of ERISA.

**Administrative Expenses** — Substantially all of the costs of administering the Plan are borne by the Plan. The Plan Sponsor provides accounting and other administrative service to the Plan at no charge.

**Payment of Benefits** — Benefit payments to participants are recorded upon distribution.

**Accounting Estimates** — The preparation of the Plan's financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date; the changes in net assets available for benefits and changes in accumulated plan benefits during the reporting period; and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan invests in mutual funds, and in common/collective funds, that invest in various stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market and credit risks and overall market volatility. 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 financial statements. Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumption 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.

**Subsequent Events** — Subsequent events were evaluated through July 1, 2025, the date the financial statements were available to be issued.

**Recently Issued Accounting Standards** — There are no newly issued standards that would have a significant effect on the Plan's financials statements.

### 3. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future benefit payments attributable under the Plan's provisions for service that employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability or termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits has been determined by an independent actuary and is that amount which 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 benefit information date and the expected payment dates. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. The actuarial present value of accumulated plan benefits calculated as of October 1, 2023, is as follows:

Vested benefits:

Participants and/or beneficiaries receiving benefits	\$ 131,615,746
Other participants	<u>55,538,195</u>
Total vested benefits	187,153,941
Non-vested benefits	<u>2,016,090</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 189,170,031</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended October 1, 2023, are as follows:

Actuarial present value of accumulated plan benefits — beginning of year	\$ 186,470,500
Increase (decrease) during the year attributable to:	
Benefits accrued and actuarial expense	2,428,462
Interest accumulated	12,344,019
Assumption changes	2,003,281
Benefits paid	<u>(14,076,231)</u>
Actuarial present value of accumulated plan benefits — end of year	<u>\$ 189,170,031</u>

Significant assumptions underlying the actuarial computations are:

- Interest rate — 6.75% (6.875% for the October 1, 2022, valuation)
- Assumed rate of compensation increase — 3.5% per annum (2.5% for the October 1, 2022, valuation)

### **3. ACCUMULATED PLAN BENEFITS (CONTINUED)**

- Mortality rates —PRI-2012 employee tables in accordance with MP-2021 mortality table with MP-2021 projection scale for all years
- Retirement age — a percentage of employees is assumed to retire each year from ages 50 to 65. The weighted average of the retirement age is 61 (same for the October 1, 2022 valuation)

The foregoing actuarial assumptions are based upon the presumption that the Plan continues indefinitely. If the Plan were to be terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

### **4. FEDERAL INCOME TAX STATUS**

The Plan obtained its latest determination letter dated December 13, 2016, in which the Internal Revenue Service stated that the Plan and related Trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving its determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and the Plan and related Trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

## 5. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

## 6. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the Plan's unaudited financial information as of and for the years ended September 30, 2024 and 2023, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by State Street Bank and Trust Company, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate, to the best of their knowledge and belief.

	<b>Years Ended</b>	
	<b>September 30,</b>	
	<b>2024</b>	<b>2023</b>
Statements of Net Assets Available for Benefits:		
Investments — at fair value:		
Mutual funds	\$ 17,767,488	\$ 22,438,558
Common/collective funds – bond portfolio	<u>212,931,717</u>	<u>181,332,611</u>
Total Investments — at fair value	<u>\$ 230,699,205</u>	<u>\$ 203,771,169</u>

## 6. INFORMATION CERTIFIED BY THE TRUSTEE (CONTINUED)

Statements of Changes in Net Assets Available for Benefits:	Years Ended	
	September 30,	
	2024	2023
Dividends	\$ 367,701	\$ 489,811
Net appreciation in fair value of investments	35,558,512	9,021,799

## 7. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value, and a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value as follows: Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

**Asset Valuation Techniques** — Valuation technologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The 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 September 30, 2024 and 2023:

**Shares of mutual funds:** Valued at the quoted market price reported on the active market on which the individual securities are traded.

The following tables set forth by Level within the fair value hierarchy a summary of the Plan's investments measured at fair value as of September 30, 2024 and 2023:

	<u>Fair Value Measurements at September 30, 2024</u>			
	Level 1	Level 2	Level 3	Total
Mutual Funds	<u>\$ 17,767,488</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 17,767,488</u>
	<u>Fair Value Measurements at September 30, 2023</u>			
	Level 1	Level 2	Level 3	Total
Mutual Funds	<u>\$ 22,438,558</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 22,438,558</u>

The Plan's policy is to recognize significant transfers between levels at the date of the event. For the years ended September 30, 2024 and 2023, there were no significant transfers in or out of Level 3.

## 8. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of the bond portfolio managed by affiliates of Transamerica Retirement Solutions Corporation (formerly Diversified Investment Advisors). Transamerica Retirement Solutions Corporation provides services on behalf of the trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid for management services were included as a reduction of the returns earned on the fund.

## 9. NET ASSET VALUE

The following tables set forth a summary of the Plan's investments with a reported Net Asset Value (NAV) at September 30, 2024 and 2023.

<b>Investment</b>	<b>Fair Value Estimated Using Net Asset Value per Share September 30, 2024</b>	
	<b>Fair Value*</b>	<b>Redemption Frequency</b>
Haynes AAM Custom LDI Strategy Bond Portfolio (a)	212,931,717	Immediate

  

<b>Investment</b>	<b>Fair Value Estimated Using Net Asset Value per Share September 30, 2023</b>	
	<b>Fair Value*</b>	<b>Redemption Frequency</b>
Haynes AAM Custom LDI Strategy Bond Portfolio (a)	181,332,611	Immediate

- \* The fair values of the investments have been estimated using the net asset value of the investment.
- a. Funds in this category invest in various types of debt securities to achieve a long-term rate of return while preserving capital. These funds invest heavily in U.S. Government bonds.

There are no unfunded commitments or other redemption restrictions for any of these funds.

**SUPPLEMENTAL SCHEDULES**

**HAYNES INTERNATIONAL, INC. PENSION PLAN**EIN: 06-1185400  
PLAN NUMBER: 004FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF SEPTEMBER 30, 2024

<b>Identity of Issue, Borrower, Lessor, or Similar Party</b>	<b>Description of Investment</b>	<b>Cost</b>	<b>Fair Value</b>
* Transamerica Retirement Solutions	Haynes AAM Custom Bond Portfolio	\$ 184,241,814	\$ 212,931,717
Vanguard	Total International Stock Index	2,215,649	2,675,467
Fidelity	Extended Market Index	3,552,964	4,514,121
Fidelity	500 Index	<u>7,886,948</u>	<u>10,577,900</u>
TOTAL		<u>\$ 197,897,375</u>	<u>\$ 230,699,205</u>

\* Identifies party-in-interest.

See accompanying Independent Auditor's Report.

The Plan administrator has obtained certifications from the trustee that such information is complete and accurate, to the best of their knowledge and belief.

**HAYNES INTERNATIONAL, INC. PENSION PLAN**

**EIN: 06-1185400**

**PLAN NUMBER: 004**

**FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED SEPTEMBER 30, 2024**

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Identity of Party	Fund ID	Description of Asset	Purchase Price	Selling Price	Lease Rental	Transaction Expenses	Cost of Asset	Current value of asset on Transaction Date	Net gain or loss	Number of Transactions
Transamerica Retirement Solutions	HAYN	HAYNES AAM CUSTOM LDI STRATEGY BOND PORTFOLIO	\$ 16,949,018	\$ -	\$ -	\$ -	\$ -	\$ 16,949,018	\$ -	38
			\$ -	\$ 15,047,196	\$ -	\$ -	\$ 14,039,815	\$ 15,047,196	\$ 1,007,381	62

See accompanying Independent Auditor’s Report.

The Plan administrator has obtained certifications from the trustee that such information is complete and accurate, to the best of their knowledge and belief.

**Attachment to 2023 Form 5500 Schedule SB,  
Line 26a - Schedule of Active Participant Data**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

.....Completed Years of Credited Service .....

<u>Age</u>	0 to <u>1</u>	1 to <u>4</u>	5 to <u>9</u>	10 to <u>14</u>	15 to <u>19</u>	20 to <u>24</u>	25 to <u>29</u>	30 to <u>34</u>	35 to <u>39</u>	40 ±	<u>Total</u>
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	1	0	0	1	0	0	0	0	0	2
40 – 44	0	2	2	0	6	1	0	0	0	0	11
45 – 49	0	6	9	0	14	12	3	0	0	0	44
50 – 54	0	9	4	3	18	16	14	1	0	0	65
55 – 59	0	2	12	8	18	20	10	8	0	0	78
60 – 64	0	2	7	3	10	16	21	1	0	4	64
65 – 69	0	1	2	2	2	6	12	0	0	2	27
70 & Up	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
Totals	0	23	36	16	70	71	60	10	0	6	292

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Statement of Actuarial Assumptions/Methods**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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**A ACTUARIAL COST METHOD**

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

**B ASSET VALUATION METHOD**

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Statement of Actuarial Assumptions/Methods**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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**C**    INTEREST RATE METHODS

Target Liability Interest Rates

Segment rates for June prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the standard premium funding target (elected 2022) and the PBGC segment interest rates in accordance with ERISA Section 4006.4(b)(2).

1st Segment	5.58%
2nd Segment	5.66%
3rd Segment	5.56%

Effective rate                    5.62%

(previously, Segment Rates of 4.48%, 5.26%, and 5.07%)

Expected Investment Return/  
ASC 960-20 Interest Rate

6.75% (previously, 6.875%).

**D**    ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Plan funding: Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year.

Plan Accounting (ASC 960-20): PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years. Contingent Survivor Tables are applied following the death of the participant.

Salary Increases

Compensation is assumed to increase at the rate of 3.50% per year compounded annually (previously, 2.50%).

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Statement of Actuarial Assumptions/Methods**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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D ACTUARIAL ASSUMPTIONS (cont'd)

Employee Withdrawal

Select and ultimate termination rates. Sample rates are as follows:

<u>Age</u>	<u>Termination Rate</u>
25	18.50%
40	7.00%
55	3.27%

For the select period (5 years), the rates for all ages are increased by the following factors:

<u>Completed Years of Credited Service</u>	<u>Termination Select Factor</u>
0	2.50%
1	2.50%
2	2.00%
3	2.00%
4	1.50%

Disablement

Sample rates are as follows:

<u>Age</u>	<u>Rates</u>
20	0.07%
25	0.07%
30	0.08%
35	0.10%
40	0.16%
45	0.26%
50	0.45%
55	0.84%
60	1.47%
64	2.08%

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Statement of Actuarial Assumptions/Methods**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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Retirement Age

It is assumed that normal and early retirements will occur in accordance with the following rates (note that terminated vested participants are assumed to retire at age 65):

<u>Age</u>	<u>Rates</u>
50	0.50%
51	1.00%
52	1.50%
53	2.00%
54	2.50%
55	3.00%
56	4.00%
57	4.00%
58	5.00%
59	7.00%
60	10.00%
61	15.00%
62	20.00%
63	15.00%
64	15.00%
65	75.00%
66	75.00%
67	75.00%
68	75.00%
69	75.00%
70	100.00%

IRC Maximum Benefit and  
Compensation Limitations

*Benefit Limit:* \$265,000 for 2023 (previously, \$245,000).

*Compensation Limit:* \$330,000 for 2023 (previously, \$305,000).

Preretirement Death Benefit

Calculated using aforementioned mortality, interest, and termination assumptions and on the assumption that 70% of the males and 50% of the females have spouses, and that husbands are 3 years older than wives (previously, 80% of the males and 60% of the females had spouses)

Form of Payment

Retiring participants are assumed to elect the normal form of payment, a 50% Joint & Survivor Pension if married, and the Single Life Pension if unmarried.

Plan Expenses

\$410,000 (previously, equal to \$890,000).

**ATTACHMENT TO THE 2023 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &  
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Haynes International, Inc.

Plan Name: Haynes International, Inc. Pension Plan

Plan Year: October 1, 2023 to September 30, 2024

EIN: 06-1185400

Plan No.: 004

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**Item 4i- Schedule of Assets Held at End of Year**

Page 17 of the attached auditor's report of the Plan for the plan year ending September 30, 2024 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Page 18 of the attached auditor's report of the Plan for the plan year ending September 30, 2024 provides the schedule of reportable transactions.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

<b>A</b> Name of plan HAYNES INTERNATIONAL, INC. PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HAYNES INTERNATIONAL, INC.	<b>D</b> Employer Identification Number (EIN) 06-1185400	

**E** Type of plan:  Single  Multiple-A  Multiple-B  Other  
**F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 10 Day 01 Year 2023

<b>2</b> Assets:		
<b>a</b> Market value .....	<b>2a</b>	208193314
<b>b</b> Actuarial value .....	<b>2b</b>	229012645

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	634	150186151	150186151
<b>b</b> For terminated vested participants .....	75	4864061	4864061
<b>c</b> For active participants.....	292	61648120	64030077
<b>d</b> Total.....	1001	216698332	219080289

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b).....

<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	

**5** Effective interest rate..... **5** 5.21 %

<b>6</b> Target normal cost		
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	2607774
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	410000
<b>c</b> Target normal cost .....	<b>6c</b>	3017774

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

<b>SIGN HERE</b>	<i>Matthew C Burley</i>  Signature of actuary Matthew C. Burley, A.S.A., E.A.  Type or print name of actuary  Transamerica  Firm name PO Box 428  Cedar Rapids, IA 52406-0428  Address of the firm	06/13/2025  Date 23-05956  Most recent enrollment number (508) 903-6015  Telephone number (including area code)
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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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	5529672
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	5529672
<b>10</b>	Interest on line 9 using prior year's actual return of <u>4.78</u> % .....	0	264318
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		5632054
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> % .....		303005
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		5935059
	<b>d</b> Portion of (c) to be added to prefunding balance .....		5935059
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	4814467
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	6914582

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	101.37 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	104.53 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	103.72 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
07-02-2024	500000		01-03-2025	500000	
08-01-2024	500000		02-03-2025	500000	
09-03-2024	500000		03-03-2025	500000	
10-01-2024	500000		04-01-2025	500000	
11-01-2024	500000		05-01-2025	500000	
12-02-2024	500000		06-02-2025	500000	
			<b>Totals ▶</b>	<b>18(b)</b>	6000000
				<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	5643128

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>		0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>		0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>		0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>		3017774
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>		3017774
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	0		0
<b>b</b> Waiver amortization installment.....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>		0
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>		0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>		5937135
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>		5937135
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>		0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>		0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

**Attachment to 2023 Form 5500 Schedule SB,  
Line 22 - Description of Weighted Average Retirement Age**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

<b>x</b>	<b>q<sub>x</sub><sup>r</sup></b>	<b>l<sub>x</sub></b>	<b><math>{}_{x-50}p_{50} = l_x / l_{50}</math></b>	<b><math>q_x^r * l_x / l_{50}</math></b>	<b><math>x * q_x^r * l_x / l_{50}</math></b>
50	0.005	1,000,000	1.00000	0.00500	0.25000000
51	0.010	995,000	0.99500	0.00995	0.50745000
52	0.015	985,050	0.98505	0.01478	0.76833900
53	0.020	970,274	0.97027	0.01941	1.02849071
54	0.025	950,869	0.95087	0.02377	1.28367283
55	0.030	927,097	0.92710	0.02781	1.52971013
56	0.040	899,284	0.89928	0.03597	2.01439646
57	0.040	863,313	0.86331	0.03453	1.96835311
58	0.050	828,780	0.82878	0.04144	2.40346275
59	0.070	787,341	0.78734	0.05511	3.25171934
60	0.100	732,227	0.73223	0.07322	4.39336415
61	0.150	659,005	0.65900	0.09885	6.02989230
62	0.200	560,154	0.56015	0.11203	6.94590872
63	0.150	448,123	0.44812	0.06722	4.23476370
64	0.150	380,905	0.38090	0.05714	3.65668485
65	0.750	323,769	0.32377	0.24283	15.78373734
66	0.750	80,942	0.08094	0.06071	4.00664102
67	0.750	20,236	0.02024	0.01518	1.01683692
68	0.750	5,059	0.00506	0.00379	0.25800340
69	0.750	1,265	0.00126	0.00095	0.06544939
70	1.000	316	0.00032	0.00032	0.02213264

Average age at retirement

61.41900876

**Rounded for Schedule SB item 22**

**61**

**Attachment to 2023 Form 5500 Schedule SB,  
Line 26b – Schedule of Projection of Expected Benefit Payments**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2023	1,152,669	89,774	14,167,816	15,410,259
2024	1,909,741	117,325	13,816,767	15,843,833
2025	2,528,151	175,909	13,431,898	16,135,958
2026	3,015,025	198,318	13,064,950	16,278,293
2027	3,414,005	207,879	12,678,428	16,300,312
2028	3,767,725	225,131	12,300,455	16,293,311
2029	4,087,434	255,202	11,912,636	16,255,272
2030	4,362,730	287,071	11,508,711	16,158,512
2031	4,557,600	296,940	11,089,318	15,943,858
2032	4,730,932	303,207	10,655,255	15,689,394
2033	4,862,812	315,377	10,207,402	15,385,591
2034	4,956,977	375,119	9,746,712	15,078,808
2035	5,060,906	403,879	9,274,285	14,739,070
2036	5,151,080	432,700	8,791,416	14,375,196
2037	5,208,758	451,551	8,299,620	13,959,929
2038	5,240,549	442,755	7,800,626	13,483,930
2039	5,251,366	432,051	7,296,467	12,979,884
2040	5,189,201	422,835	6,789,428	12,401,464
2041	5,120,518	415,917	6,281,921	11,818,356
2042	5,070,647	411,197	5,776,563	11,258,407
2043	4,954,896	415,417	5,276,201	10,646,514
2044	4,779,195	420,700	4,783,916	9,983,811
2045	4,639,673	409,215	4,303,069	9,351,957
2046	4,451,908	397,606	3,837,244	8,686,758
2047	4,249,141	380,040	3,390,090	8,019,271
2048	4,022,796	361,442	2,965,222	7,349,460
2049	3,789,348	342,213	2,566,166	6,697,727
2050	3,566,214	322,469	2,196,174	6,084,857
2051	3,322,698	302,356	1,857,955	5,483,009
2052	3,077,865	282,042	1,553,407	4,913,314
2053	2,834,341	261,698	1,283,445	4,379,484
2054	2,594,509	241,482	1,047,844	3,883,835
2055	2,360,570	221,542	845,360	3,427,472
2056	2,134,503	202,013	674,019	3,010,535
2057	1,918,023	183,020	531,268	2,632,311
2058	1,712,530	164,690	414,192	2,291,412
2059	1,519,064	147,137	319,670	1,985,871
2060	1,338,291	130,463	244,517	1,713,271
2061	1,170,589	114,765	185,637	1,470,991
2062	1,016,146	100,128	140,137	1,256,411
2063	874,998	86,627	105,409	1,067,034
2064	747,037	74,314	79,185	900,536
2065	632,031	63,202	59,546	754,779
2066	529,612	53,271	44,928	627,811
2067	439,265	44,476	34,086	517,827
2068	360,377	36,755	26,052	423,184
2069	292,268	30,040	20,085	342,393
2070	234,170	24,265	15,629	274,064
2071	185,252	19,357	12,267	216,876
2072	144,637	15,243	9,695	169,575

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Summary of Plan Provisions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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<u>Plan Type</u>	Active, ongoing pension plan for Hourly participants and frozen plan for Salaried participants.
<u>Effective Date</u>	The effective date is January 1, 1970. The Plan was amended and restated as of October 1, 2002. The Plan was most recently amended effective June 1, 2016 to offer a voluntary and limited lump sum window program to the terminated vested participants.
<u>Eligibility</u>	<p>Hourly and salaried participants are generally eligible to participate at their date of employment.</p> <p>However, Salaried employees hired on or after January 1, 2006 are not eligible to participate in the Plan. Hourly employees hired after July 1, 2007 are not eligible to participate in the Plan.</p>
<u>Benefit Service</u>	<p>Benefit Service accrues from the date the participant starts participation in the Plan to his Service Severance Date and is measured in whole years and calendar months.</p> <p>However, Salaried participants rehired on or after January 1, 2006 will not accrue additional benefit service. Effective December 31, 2007 no additional benefit service accruals will be granted to Salaried participants.</p>
<u>Compensation</u>	<p>Compensation is equal to W-2 earnings before reduction for any employee deferrals. Compensation excludes bonuses, overtime, gain-sharing payouts or any other forms of incentive earnings.</p> <p>In no event will the Plan recognize compensation in excess of the §401(a)(17) limit.</p>

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Summary of Plan Provisions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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Average Monthly Compensation

Average monthly compensation is equal to the greater of (a) or (b):

- (a) Average of last 60 months immediately preceding retirement or termination.
- (b) Highest average of 5 consecutive calendar years out of most recent 10 years.

However, average monthly compensation for Salaried participants rehired on or after January 1, 2006 will be their average monthly compensation measured prior to January 1, 2006.

Effective as of December 31, 2007, benefit accruals are frozen for Salaried participants.

Covered Compensation

A participant's average of the Social Security Wage Base for the 35-year period prior to Social Security Retirement Age.

Retirement Dates

- (a) Normal Retirement: A participant may receive Normal Retirement Benefits upon:
  - (i) Completion of at least 10 years of Benefit Service and retires on or after age 62.
  - (ii) Completion of 30 years of Benefit Service if (1) a Salaried participant on March 31, 1987 or (2) an Hourly participant hired before June 11, 1999.
  - (iii) Retirement on or after age 65.
- (b) Early Retirement: A participant is eligible to receive Early Retirement Benefits upon completion of at least 10 years of Benefit Service and retires on or after age 55.
- (c) Disability Retirement: A participant is eligible for Disability Retirement Benefits upon completion of at least 10 years of Benefit Service and is determined to be Totally and Permanently disabled.
- (d) Late Retirement: A participant may continue in active employment after age 65.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Summary of Plan Provisions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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Amount of Normal Retirement  
Income

- (a) Hourly Participants Hired Before July 3, 1988: The monthly amount of pension payable at Normal Retirement Date is the greater of (i) or (ii) below:
- (i) 1.4% of Average Monthly Compensation multiplied by Benefit Service. Effective as of July 1, 2007, a multiplier of 1.6% shall be used.
  - (ii) the sum of:
    - (1) \$8 for each of the first 10 years of Benefit Service; and
    - (2) \$9 for each of the next 10 years of credited service; and
    - (3) \$10 for each year of service over 20 years; and
    - (4) 10% of Average Monthly Compensation (prorated for less than 10 years of Benefit Service).

If a participant has completed 30 years of Benefit Service, the minimum monthly pension is \$600.

- (b) Hourly Participants Hired on or After July 3, 1988: The monthly amount of pension payable at Normal Retirement Date is equal to (i) plus (ii):
- (i) 1.4% of Average Monthly Compensation multiplied by Benefit Service. Effective as of July 1, 2007, a multiplier of 1.6% shall be used.
  - (ii) 0.5% of the excess of Average Monthly Compensation over Covered Compensation multiplied by Benefit Service (not to exceed 35 years).

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Summary of Plan Provisions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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Amount of Normal Retirement  
Income (cont'd)

- (c) Salaried Participants Retiring at Age 65 or Under Age 62 with 10 Years of Benefit Service: The monthly amount of pension payable at Normal Retirement Date is equal to (i) plus (ii):
- (i) 1.4% of Average Monthly Compensation multiplied by Benefit Service. Effective as of January 1, 2008, a multiplier of 1.6% shall be used.
  - (ii) 0.5% of the excess of Average Monthly Compensation over Covered Compensation multiplied by Benefit Service (not to exceed 35 years).

Benefit accruals are frozen effective as of December 31, 2007.

- (d) Salaried Participants Retiring Under "30 Years and Out" Provision: Participants elect (i), (ii) or (iii) available for a monthly pension:
- (i) The Plan benefit as of March 31, 1987 plus any Supplemental Retirement Benefit the participant is eligible to receive, paid to age 62, and then increased by the excess, if any, of the benefit determined under the Normal Retirement Benefit formula without any reduction for early commencement;
  - (ii) The Plan benefit determined as of March 31, 1987, plus any Supplemental Retirement Benefit the participant is eligible to receive, paid until any age the participant chooses prior to age 62, and then the participant's Early Retirement Benefit as of the age the participant chooses; or
  - (iii) If the participant is at least age 55, the participant's Early Retirement Benefit as of the participant's actual retirement date.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Summary of Plan Provisions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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Amount of Normal Retirement  
Income (cont'd)

- (e) Supplemental Retirement Benefit:  
The Supplemental Retirement Benefit is a temporary benefit to help bridge the gap until Social Security benefits begin. This temporary benefit will stop on the earliest of (i) the participant's date of death, (ii) the months before the participant reaches Social Security Retirement Age, or (iii) for a Salaried participant, the month before the month that the participant elects to begin an actuarially equivalent Normal Retirement Benefit under the "30 and Out" option.

For *Hourly participants* who retire under the "30 and Out" option or retire early under the Plan's early retirement provisions on or after June 11, 1999, the Supplemental Retirement Benefit is equal to \$8.00 multiplied by completed years of Benefit Service.

For *Salaried participants* who have at least 20 years of Benefit Service as of March 31, 1987, and elect to retire under a "30 and Out" option that includes the Supplemental Retirement Benefit, the Supplemental Retirement Benefit is equal to \$8.00 multiplied by completed years of Benefit Service as of March 31, 1987.

Form of Payment

The normal form of payment is the 50% Qualified Joint & Survivor Pension, if the Participant is married, and the Single Life Pension if the Participant is unmarried. The 75% Qualified Optional Survivor Annuity is also available as an optional form of payment.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Summary of Plan Provisions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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Amount of Early Retirement Income

The Early Retirement Benefit is a reduced Actuarial Equivalent of the Normal Retirement Benefit on the participant's Early Retirement Date determined in accordance with the following:

- (a) Hourly Participants Hired Before July 3, 1988: The Early Retirement Benefit is equal to the participant's monthly retirement benefit reduced by 5/9% for each whole calendar month (up through 36 calendar months) and 5/12% for each whole month (over 36 calendar months) that the Early Retirement Date precedes the earliest date the participant would have been entitled to an unreduced benefit.
- (b) Hourly Participants Hired on or After July 3, 1988: The Early Retirement Benefit is equal to the participant's monthly retirement benefit reduced by 5/12% for each whole month that the Early Retirement Date precedes the date the participant would have attained age 62.
- (c) Salaried Participants: The Early Retirement Benefit is equal to the participant's monthly retirement benefit multiplied by the adjustment factor from the following table, based on the age of the participant (interpolated for non-integral ages) on the Early Retirement Date:

Participant's Age at Early Retirement <u>Date</u>	Early Retirement Adjustment <u>Factor</u>
62 or older	1.000
61	0.950
60	0.900
59	0.850
58	0.800
57	0.750
56	0.688
55	0.632

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Summary of Plan Provisions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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Amount of Early Retirement Income

(cont'd)

- (d) Deferred Vested Benefits for Hourly Participants and for Salaried Participants Who Terminated Before April 1, 1987: The Early Retirement Benefit is equal to the participant's monthly retirement benefit reduced by 5/9% for each whole calendar month (up through 36 calendar months) and 5/12% for each whole month (over 36 calendar months) that the Early Retirement Date precedes the date the participant would have attained age 65.
- (e) Deferred Vested Benefits for Salaried Participants Who Terminated on or After April 1, 1987: The Early Retirement Benefit is equal to the participant's monthly retirement benefit reduced by 5/12% for each whole month that the Early Retirement Date precedes the date the participant would have attained age 65.

Amount of Disability Retirement Income

- (a) Hourly Participants: If the participant is eligible for disability retirement benefits, payments begin at the end of the participant's 26 week period of disability. Payments continue until the earlier of the date the participant (i) ceases to be totally and permanently disabled, (ii) reaches Normal Retirement Date or (iii) dies. The amount of Disability Retirement Benefit is equal to:
  - (i) If hired before July 3, 1988: 1.4% of Average Monthly Compensation multiplied by Benefit Service. Effective as of July 1, 2007, a multiplier of 1.6% shall be used. This amount can not be less than \$2.50 per month multiplied by Benefit Service, plus an additional \$50 per month until Social Security benefits are payable. The minimum amount may be reduced for other disability benefits being paid to the Participant.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Summary of Plan Provisions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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Amount of Disability Retirement  
Income (cont'd)

(ii) If hired on or after July 3, 1988:  
1.4% of Average Monthly Compensation multiplied by Benefit Service, plus 0.5% of the excess of Average Monthly Compensation over Covered Compensation multiplied by Benefit Service (not to exceed 35 years). Effective as of July 1, 2007, a multiplier of 1.6% shall be used.

(b) Salaried Participants

A participant will continue to earn Benefit Service while receiving disability income benefits under the Company's long-term disability plan. Payments do not begin until the earlier of the participant's retirement or age 65. The amount of Disability Retirement Benefit is calculated using Benefit Service earned at retirement and average monthly compensation as of the date the participant's disability leave. No Benefit Service shall be credited after December 31, 2007.

Amount of Deferred (Late)  
Retirement Income

The deferred retirement benefit is the greater of (a) or (b):

(a) Calculated using the same formula as used for the participant's Normal Retirement Date, but based on the Average Monthly Compensation, Covered Compensation (if applicable), and Benefit Service at the time the participant actually retires.

(b) The Actuarial Equivalent of the Normal Retirement Benefit earned at age 65.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Summary of Plan Provisions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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Termination of Employment

Upon termination of employment after completing 5 years of service, the participant is entitled to receive a pension commencing at age 65.

The deferred vested benefit is calculated using the same formula as used for the participant's Normal Retirement Date, but based on the Average Monthly Compensation, Covered Compensation (if applicable), and Benefit Service determined at the Participant's date of termination.

If a participant terminates before becoming eligible to retire, the deferred vested benefit does not include any supplemental retirement benefit. For hourly participants, the \$600 minimum does not apply.

Benefits are payable at age 65. However, they may begin as early as age 55 with amounts reduced for early commencement.

Death Benefits

(a) If a participant dies while actively employed after completing 5 years of service and before attaining age 55, the participant's surviving spouse is entitled to receive a lifetime pension, commencing at the date the participant would have been age 55. The amount of death benefit is equal to 50% of the pension benefit calculated as of the participant's death and reduced, if applicable, for the participant's early retirement.

(b) If a participant dies while actively employed after attaining age 55 and completing 5 years of service, or if the participant completed 20 years of service regardless of age, the participant's surviving spouse is entitled to receive a lifetime pension starting on the date of death. The amount of death benefit is equal to 50% of the pension benefit calculated as of the participant's date of death and reduced, if applicable, for early retirement. If such participant dies before age 55, the death benefit is calculated as if the participant were age 55.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V - Summary of Plan Provisions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN: 06-1185400/004**

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Death Benefits *(cont'd)*

- (c) If a participant has terminated from the Company with a vested pension and dies, the participant's surviving spouse (if married at least one year) is entitled to receive a lifetime pension commencing on the date the participant would have been age 55. The amount of death benefit is equal to 50% of the pension benefit the participant would have received under the Joint and 50% Survivor Annuity had the participant retired on the later of the date of death or age 55.

The pensions payable under (a), (b) and (c) above are further reduced by 0.5% for each year that the spouse is more than 5 years younger than the employee.

If the participant dies after the payment of retirement benefits begin, the survivor's death benefit (if any) is determined by the form of payment elected by the participant as of the date of the participant's death.

Deduction for Other Benefits

If a participant is entitled to a benefit under any prior plan, the benefit under this plan will be reduced by that portion of the benefit payable under the other plan that is attributable to the participant's period of employment also covered under this plan. If a payment under any prior plan is not payable at the same time as the benefit under this plan, a reduction will be made on an actuarially equivalent basis.

**ATTACHMENT TO THE 2023 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &  
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Haynes International, Inc.

Plan Name: Haynes International, Inc. Pension Plan

Plan Year: October 1, 2023 to September 30, 2024

EIN: 06-1185400

Plan No.: 004

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**Item 4i- Schedule of Assets Held at End of Year**

Page 17 of the attached auditor's report of the Plan for the plan year ending September 30, 2024 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Page 18 of the attached auditor's report of the Plan for the plan year ending September 30, 2024 provides the schedule of reportable transactions.

**Attachment to 2023 Form 5500 Schedule SB,  
Line 24 – Change in Actuarial Assumptions**

**Plan Name: Haynes International, Inc. Pension Plan  
EIN/PN 06-1185400/004**

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Plan administrative expenses are equal to \$410,000 for 2023 (previously, \$890,000).

For 2023, it is assumed that 70% of the males and 50% of the females have spouses (previously, 80% of the males and 60% of the females had spouses).

For 2023, compensation is assumed to increase at the rate of 3.50% per year compounded annually (previously, 2.50%)