

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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) FEMA 4827 DR. HURRICANE HELENE
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
1a	Name of plan CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/20/1999
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CONSTELLIUM ROLLED PRODUCTS-RAVENSW P.O. BOX 68 859 CENTURY ROAD RAVENSWOOD, WV 26164
2b	Employer Identification Number (EIN) 20-0843018
2c	Plan Sponsor's telephone number 301-273-7000
2d	Business code (see instructions) 331400

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2025	GARY HOWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 558
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 81 6a(2) 79 6b 324 6c 69 6d 472 6e 78 6f 550 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 3H

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

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

a Pension Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONSTELLIUM ROLLED PRODUCTS-RAVENSW	D Employer Identification Number (EIN) 20-0843018
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	63453262	
b	Actuarial value	2b	69798588	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	404	55244834	55244834
b	For terminated vested participants	73	6280505	6280505
c	For active participants	81	11785400	11877495
d	Total	558	73310739	73402834
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.23 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	519097	
c	Target normal cost	6c	519097	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary DAWN M OCHOA Type or print name of actuary AON CONSULTING INC Firm name Address of the firm	10/01/2024 Date 23-07557 Most recent enrollment number Telephone number (including area code)
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Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3388907
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3388907
10	Interest on line 9 using prior year's actual return of <u>-19.47</u> %	0	-659820
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		995588
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> %		53762
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1049350
d	Portion of (c) to be added to prefunding balance		1049350
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3778437

Part III		Funding Percentages	
14	Funding target attainment percentage	14	89.94 %
15	Adjusted funding target attainment percentage	15	89.94 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	0.00 %

Part IV		Contributions and Liquidity Shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/15/2024	39000	0	
07/15/2024	590000	0	
09/13/2024	6000000	0	
		Totals ►	18(b) 6629000
		18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 6084170
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
	☐ N/A, full yield curve used		
b Applicable month (enter code).....	21b	4	
22 Weighted average retirement age	22	61	
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	519097	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	7382683	676111	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1195208	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	1195208	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	6084170	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4888962	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 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. ☐ 2019 ☒ 2020 ☐ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTELLIUM ROLLED PRODUCTS-RAVENSW	D Employer Identification Number (EIN) 20-0843018	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AON HEWITT GROUP
27-2436452

(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)

AON CONSULTING, INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARY	53453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT INV. CONSULTING, INC

23-2293237

(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?
28 50	NONE	109953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CERIDIAN

3311 EAST OLD SHAKOPEE RD
MINNEAPOLIS, MN 55425

(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?
15 50	NONE	17376	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PENSION BENEFIT GUARANTY CORP.

445 12TH STREET SW
WASHINGTON, DC 20024

(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?
	NONE	417384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORVIS MAZARS, LLP

44-0160260

(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	16010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CONSTELLIUM ROLLED PRODUCTS-RAVENSW	D Employer Identification Number (EIN) 20-0843018	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: MASTER TRUST			
b Name of sponsor of entity listed in (a): CONSTELLIUM ROLLED PRODUCTS MASTER RETIREMENT TRUST			
c EIN-PN 87-3205078-100	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63794462	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTELLIUM ROLLED PRODUCTS-RAVENSW	D Employer Identification Number (EIN) 20-0843018	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1069000	6629000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	62403912	63794462
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	63472912	70423462
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	2348	52574
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2348	52574
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	63470564	70370888

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6629000	
(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)		6629000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		5953782
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12582782

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5068283	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5068283
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	17375	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	16010	
(5) Investment advisory and investment management fees	2i(5)	109953	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	53453	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	417384	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		614175
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5682458

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6900324
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c 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 509037.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTELLIUM ROLLED PRODUCTS-RAVENSW	D Employer Identification Number (EIN) 20-0843018

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

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☐ No ☐ N/A	
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☒ N/A	

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase ☐ Decrease ☐ Both ☒ No
---	---

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2023
v. 230707

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:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

0

- 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2023 This Form is Open to Public Inspection
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Name of Plan	CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	20-0843018	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	20-0843018	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	20-0843018	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						



Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan

EIN 20-0843018 PN 001

**Independent Auditor's Report and Financial
Statements**

December 31, 2023 and 2022



Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Contents
December 31, 2023 and 2022

Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6

Independent Auditor's Report

Participants and Plan Administrator
Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Ravenswood, West Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements

We have performed an audit of the financial statements of the Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan (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 statement of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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 audit 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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 (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 meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

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 audit. 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 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 these financial statements are 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 of the Financial Statements 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 audit 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 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 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.

Forvis Mazars, LLP

**Charleston, West Virginia
July 17, 2025**

Federal Employer Identification Number: 44-0160260

Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	2023	2022
ASSETS		
Investments at Fair Value		
Investment in Constellium Rolled Products Master Retirement Trust	\$ 63,794,462	\$ 62,403,912
Receivables		
Contributions Receivable	6,629,000	1,069,000
Total Assets	70,423,462	63,472,912
LIABILITIES		
Administrative Expenses Payable	52,574	2,348
Total Liabilities	52,574	2,348
Net Assets Available for Benefits	<u>\$ 70,370,888</u>	<u>\$ 63,470,564</u>

Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Investment (Loss) Income		
Net income (loss) from plan interest in Constellium Rolled Products Master Retirement Trust	\$ 5,953,782	\$ (15,476,440)
Contributions		
Employer contributions	6,629,000	1,069,000
Benefits Paid to Participants and Beneficiaries	(5,068,283)	(4,609,338)
Administrative Expenses	<u>(614,175)</u>	<u>(612,605)</u>
Net Increase (Decrease)	6,900,324	(19,629,383)
Net Assets Available for Benefits, Beginning of year	<u>63,470,564</u>	<u>83,099,947</u>
Net Assets Available for Benefits, End of year	<u><u>\$ 70,370,888</u></u>	<u><u>\$ 63,470,564</u></u>

Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Notes to Financial Statements
December 31, 2023 and 2022

Note 1. Description of the Plan

The following description of the Constellium Rolled Products Ravenswood, LLC (Company) Salaried Employees Retirement Plan (Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan available to full-time salaried employees, as defined by the Plan, of the Company, who have completed one year of service. The Plan became effective September 20, 1999. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2012, the Plan was frozen with respect to eligibility for plan participation, such that employees hired on or after January 1, 2012 will not become eligible participants.

Effective March 31, 2017, the Plan was amended to freeze the benefits accrued by participants under the Plan.

Specific provisions include that no additional compensation or periods of credited service after March 31, 2017 will be considered or credited to participants under the Plan's provisions. However, participants shall continue to be credited with years of service for purposes of vesting as defined in the Plan document.

Prior to January 1, 2022, State Street Bank and Trust Company (Prior Trustee) served as the trustee of the Plan. Effective January 1, 2022, BNY Mellon, N.A., became the successor trustee (Trustee). Concurrently, the Constellium Rolled Products Master Retirement Trust (Master Trust) was created by the Company to hold the assets of the Plan and certain other defined benefit plans sponsored by the Company and other entities related by common ownership. The Bank of New York Mellon was appointed custodian of the Master Trust effective January 1, 2022. All assets of the Plan were transferred to the Master Trust effective January 1, 2022.

Pension Benefits

For benefits greater than \$5,000, the form of payment depends on the participant's marital status and election at the time of retirement. If the present value of the total benefit is equal to or less than \$5,000, it will be automatically distributed as a rollover to a qualified individual retirement account unless otherwise elected by the participant to be distributed as a one-time lump sum payment or distributed to an eligible retirement plan. If the benefit is equal to or less than \$1,000, it will be distributed as a one-time lump sum payment, and no other benefits will be paid to the participant or beneficiaries. The normal form of payment is a straight life annuity for single participants and a 50% joint and survivor annuity for married participants.

An employee becomes eligible to receive monthly pension benefits upon attainment of any of the following:

- (A) Age 62 for normal retirement.
- (B) Age 55 and either 10 years of service or 70 points as defined, for early retirement.
- (C) After 5 years of service, for deferred vested benefits.

Benefits are determined by the number of years of service at the time of retirement and the average compensation for the highest 36 consecutive months out of the last 120 months prior to retirement. An early retirement option is available as well as a provision for early retirement due to disability. For employees who do not meet the eligibility requirements for unreduced early retirement, the benefit for early retirement is reduced by up to 5% for each year of retirement prior to attaining age 62. Benefits vest after five years of service.

Note 2. Summary Of Significant Accounting Policies

Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan's investment in the Master Trust is reported at fair value based on underlying fair value of net assets held in Master Trust. The fair value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust, plus actual contributions, transfers into the Master Trust and allocated investment income (loss), less actual distributions, transfers out of the Master Trust, and actual and allocated administrative expenses. Investment income (loss) and administrative expenses, which are not plan specific are allocated to the Plan based upon the Plan's pro rata share of the underlying assets of the Master Trust on a monthly basis. The Plan presents in the statements of changes in net assets available for benefits its interest in the net investment income (loss) of the Master Trust, which consists of the realized gains or losses, unrealized appreciation or depreciation, interest and dividends of the Master Trust's investments.

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

Fair Value Measurements

Fair value is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Assets and liabilities are classified under a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1** Observable inputs such as quoted prices in active markets.
- Level 2** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

There have been no changes in the methodologies used at December 31, 2023 and 2022. The following is a description of the valuation methodologies used for assets measured at fair value:

Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Notes to Financial Statements
December 31, 2023 and 2022

Common collective trust funds and alternative investment funds

These funds are valued at the Net Asset Value (NAV) of units of the fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported net asset value. Transactions (purchases and sales) may occur daily. These funds are not required to be classified within a level on the fair value hierarchy.

Money market funds

Money market funds are public investment vehicles valued using \$1 as the NAV as a practical expedient to estimate fair value. Transactions (purchases and sales) may occur daily. There are no redemption restrictions on these investments. The money market funds are not required to be classified within a level on the fair value hierarchy.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the plan document. Certain administrative functions are performed by the employees of the Company. No such employee receives compensation from the Plan.

Subsequent Events

The Plan has evaluated subsequent events through July 17, 2025 the date the financial statements were available to be issued.

Note 3. Interest in Master Trust

The Plan's interest in the assets of the Master Trust is included in the accompanying statements of net assets available for benefits. Effective January 1, 2022, the Plan transferred assets of \$81,957,214 to the Master Trust. As of December 31, 2023 and 2022, the Plan held a 27% and 30% interest in the Master Trust, respectively.

Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Notes to Financial Statements
December 31, 2023 and 2022

The following tables present the net assets of the Master Trust and the Plan's interest in the net assets of the Master Trust as of December 31, 2023:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Collective investment trusts	\$ 215,588,349	\$ 57,205,188
Alternative investment funds	18,882,975	5,110,534
Money market fund	<u>4,690,508</u>	<u>1,533,222</u>
Total investments	239,161,382	63,848,944
Pending trades receivable	553,406	138,736
Pending trades payable	(706,067)	(197,849)
Interest receivable	<u>13,773</u>	<u>4,631</u>
Total net assets	<u>\$ 239,022,494</u>	<u>\$ 63,794,462</u>

The following tables present the net assets of the Master Trust and the Plan's interest in the net assets of the Master Trust as of December 31, 2023:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Collective investment trusts	\$ 183,832,211	\$ 54,583,146
Alternative investment funds	22,459,526	6,512,089
Money market fund	<u>3,031,600</u>	<u>1,360,282</u>
Total investments	209,323,337	62,455,517
Pending trades receivable	1,370,881	64,915
Pending trades payable	(404,843)	(121,453)
Interest receivable	<u>15,053</u>	<u>4,933</u>
Total net assets	<u>\$ 210,304,428</u>	<u>\$ 62,403,912</u>

Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Notes to Financial Statements
December 31, 2023 and 2022

The following are the components of net investment income (loss) for the Master Trust for the years ended December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Net investment (loss) income		
Net appreciation (depreciation) in fair value of investments	\$ 22,868,949	\$ (54,340,823)
Interest	283,551	69,966
Administrative expenses	<u>(89,526)</u>	<u>(8,839)</u>
Net investment income (loss)	<u>\$ 23,062,974</u>	<u>\$ (54,279,696)</u>

As discussed in Note 2, all the investments held by the Master Trust are measured at NAV per share practical expedient and therefore are not required to be classified in a level in the fair value hierarchy. The following table summarizes the investments measured at NAV held by the Master Trust as of December 31, 2023 and 2022.

	<u>Fair Value at December 31, 2023</u>	<u>Fair Value at December 31, 2022</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trusts (A)	\$ 215,588,349	\$ 183,832,211	None	Daily	None
Alternative investment funds					
Aon Opportunistic Credit Portfolio SP (B)	6,577,023	6,655,713	None	Daily	None
Aon Private Credit Opportunities Fund (C)	971,325	971,325	None	Daily	None
Aon Return Enhancing Alternatives Portfolio SP (D)	11,334,627	15,803,813	None	Daily	None
Money market fund	<u>4,690,058</u>	<u>3,031,600</u>	None	Daily	None
	<u>\$ 239,161,382</u>	<u>\$ 209,323,337</u>			

- (A) All investments are direct filing entities therefore disclosures regarding significant investment strategies are not included.
- (B) The fund's investment objective is to seek to generate attractive returns by investing in a range of credit opportunities.
- (C) The fund's investment objective is to seek to invest in pooled investment vehicles primarily focused on private credit, real estate lending, and specialty finance.
- (D) The fund's investment objective is to generate attractive returns over a full market cycle by investing in a range of alternative investment opportunities with sources of return that have a low correlation to the broader financial markets, while also seeking to preserve capital.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 4. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2023 and 2022.

Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Notes to Financial Statements
December 31, 2023 and 2022

Note 5. Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. In calculating the accumulated benefits, only service and salary prior to the valuation date are considered. The accumulated benefit values do not anticipate any future service or future salary increases.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and it is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuation as of January 1, 2023 and 2022 were:

Actuarial cost method	Standard unit credit cost method
Discount rate	6.00% in 2023 and 4.75% in 2022
Mortality rate	PRI-2012 with General Mortality with Blue Collar Adjustment projected by Scale MP-2021 in 2023 and PRI-2012 with General Mortality with Blue Collar Adjustment projected by Scale MP-2020 in 2022
Employee turnover	Decreasing rates between 15 and 55
Retirement rate	Varying rates from 5% to 100% between ages 50 and 70+ based on years of service

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

The actuarial present value of accumulated plan benefits was as follows:

	January 1,	
	2023	2022
Vested benefits		
Participants and beneficiaries currently receiving benefits	\$ 52,411,780	\$ 58,324,804
Active and terminated employees	<u>16,841,204</u>	<u>21,542,817</u>
	69,252,984	79,867,621
Non-vested benefits	<u>60,869</u>	<u>75,925</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 69,313,853</u>	<u>\$ 79,943,546</u>

Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Notes to Financial Statements
December 31, 2023 and 2022

The changes in the actuarial present value of accumulated plan benefits from January 1, 2022 to January 1, 2023 were as follows:

Actuarial present value of accumulated plan benefit, beginning of plan year	\$ 79,943,546
Benefit payments	(4,609,338)
Interest accumulation	3,689,117
Assumption changes	(9,412,163)
Other changes	<u>(161,636)</u>
Actuarial present value of accumulated plan benefits, end of plan year	<u>\$ 69,313,853</u>

Note 6. Unaudited Information Certified by Trustee

The accompanying financial statements include the following unaudited information as of December 31, 2023 and 2022 and for the years then ended, which was obtained from data prepared and certified to be complete and accurate by the Plan's trustee:

	<u>2023</u>	<u>2022</u>
Investments at fair value	\$ 63,794,462	\$ 62,403,912
Net income (loss) from plan interest in Master Trust	\$ 5,953,782	\$ (15,476,440)

The certification mentioned above includes all investment information discussed in Note 3.

Note 7. Plan Termination

Although the Plan is intended to be permanent, the Company reserves the right to terminate this Plan at any time by delivering to the Trustee written notice of such termination. Upon termination, after reserving an amount sufficient to pay all expenses and charges, the proceeds of the assets in the Plan will be allocated among the following groups in the order of preference described below:

- (E) Persons currently receiving retirement benefits.
- (F) Persons who would have been receiving benefits if such persons had retired as of the beginning of a three-year period ending on the date of Plan termination.
- (G) Persons who have a vested interest in their accrued benefits.
- (H) Persons who have become entitled to Plan benefits by reason of Plan termination.

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 survivor's 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.

Constellium Rolled Products Ravenswood, LLC Salaried Employees Retirement Plan
Notes to Financial Statements
December 31, 2023 and 2022

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 net 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.

Note 8. Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated October 16, 2014, that the Plan is designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting guidelines require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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.

Note 9. Risks And Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, 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 participants' account balances and amounts reported in the statement of net assets available for benefits.

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

Note 10. Exempt Party-In-Interest Transactions

The Company pays certain administrative expenses on behalf of the Plan, including legal and accounting fees. Other administrative services are provided by the Company at no cost to the Plan. Fees paid by the Plan for investment management services were included within administrative expenses. Fees paid by the Plan to the Trustee or its affiliates for administrative services and investment holding period fees were \$196,629 and \$246,446 for the years ended December 31, 2023 and 2022, respectively. These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA regulations.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39				2	2					
40-44				4	9					
45-49				3	6	6				
50-54				4	2	4	3	3		
55-59				3	5	3	3	2	3	
60-64				3	1	2	2	3		
65-69										1
70+				1	1					

N-81

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Constellium Rolled Products-Ravenswood Salaried Employees Retirement
 Plan
 EIN: 20-0843018 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2022), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor with regard to ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2022), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.09%
3rd Segment Rate	3.58%%
Optional Payment Form Election Percentage	20% are assumed to take a life annuity 10% are assumed to take a 75% joint and survivor annuity 70% are assumed to take a 50% joint and survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2023 status mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

For ERISA Requirements

Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2021 Plan Year	4.50%
2022 Plan Year	4.50%
2023 Plan Year	6.00%
Trust Expenses Included in Target Normal Cost	\$519,097 based on prior year's estimated plan administrative expenses (excluding PBGC premiums), plus estimated PBGC premiums for current year.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Table 1

Retirement Rates

Age	Points (Age + Service)	
	<70	70+
50	0.00%	5.00%
51	0.00%	5.00%
52	0.00%	5.00%
53	0.00%	5.00%
54	0.00%	5.00%
55	10.00%	10.00%
56	10.00%	10.00%
57	10.00%	10.00%
58	10.00%	10.00%
59	10.00%	10.00%
60	10.00%	10.00%
61	20.00%	20.00%
62	30.00%	30.00%
63	20.00%	20.00%
64	20.00%	20.00%
65	30.00%	30.00%
66	30.00%	30.00%
67	50.00%	50.00%
68	75.00%	75.00%
69	75.00%	75.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service			
	0	1	2	3+
15	21.00%	21.00%	21.00%	21.00%
16	21.00%	21.00%	21.00%	21.00%
17	21.00%	21.00%	21.00%	21.00%
18	21.00%	21.00%	21.00%	21.00%
19	21.00%	21.00%	21.00%	21.00%
20	21.00%	21.00%	21.00%	21.00%
21	21.00%	21.00%	21.00%	21.00%
22	20.00%	20.00%	20.00%	20.00%
23	19.00%	19.00%	19.00%	19.00%
24	18.10%	18.10%	18.10%	18.10%
25	17.20%	17.20%	17.20%	17.20%
26	16.30%	16.30%	16.30%	16.30%
27	15.40%	15.40%	15.40%	15.40%
28	15.20%	14.50%	14.50%	14.50%
29	15.20%	14.30%	13.80%	13.80%
30	15.20%	14.30%	13.20%	13.00%
31	15.20%	14.30%	13.20%	12.20%
32	15.20%	14.30%	13.20%	11.50%
33	15.20%	14.30%	13.20%	10.80%
34	15.20%	14.30%	13.20%	10.20%
35	15.20%	14.30%	13.20%	9.50%
36	15.20%	14.30%	13.20%	8.90%
37	15.20%	14.30%	13.20%	8.30%
38	15.20%	14.30%	13.20%	7.80%
39	15.20%	14.30%	13.20%	7.20%
40	15.20%	14.30%	13.20%	6.70%
41	15.20%	14.30%	13.20%	6.20%
42	15.20%	14.30%	13.20%	5.90%
43	15.20%	14.30%	13.20%	5.40%
44	15.20%	14.30%	13.20%	5.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service			
	0	1	2	3+
45	15.20%	14.30%	13.20%	4.70%
46	15.20%	14.30%	13.20%	4.30%
47	15.20%	14.30%	13.20%	4.10%
48	15.20%	14.30%	13.20%	3.70%
49	15.20%	14.30%	13.20%	3.50%
50	15.20%	14.30%	13.20%	3.20%
51	15.20%	14.30%	13.20%	3.10%
52	15.20%	14.30%	13.20%	2.90%
53	15.20%	14.30%	13.20%	2.80%
54	15.20%	14.30%	13.20%	2.60%
55+	15.20%	14.30%	13.20%	2.60%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected return on assets from 4.50% to 6.00%.

This change was made to better reflect the anticipated plan experience and did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

History of the Plan

Effective September 20, 1999, the Alcan Rolled Products-Ravenswood (ARP-R) Salaried Employees Retirement Plan (EIN/PN 06-1340593/001) was created as a result of a spinoff from the Century Aluminum Company Salaried Employees' Retirement Plan (EIN/PN 55-0686448/001).

The Century Aluminum Company Salaried Employees' Retirement Plan was established February 7, 1989, as a result of a spinoff from the Kaiser Aluminum Salaried Employees Retirement Plan.

The ARP-R Salaried Plan retains identical benefit formula and provisions as provided by the Century Aluminum Company Salaried Employees' Retirement Plan.

The plan was amended on January 1, 2002 to reflect the provisions of EGTRRA. This resulted in an increase in the 401(a)(17) pay cap to \$200,000. This cap was applied retroactively for pay earlier than 2002.

During 2002, eligible participants were offered an early retirement window; 57 participants accepted the benefit enhancement and retired. Another 19 participants were terminated as a part of the same reduction. They were given five years of age and service for benefit amount and eligibility purposes. For expense purposes, this enhancement was accounted for on December 31, 2002. The enhancement was reflected in the 2003 valuation.

Effective July 25, 2011, the plan name changed from the Alcan Rolled Products-Ravenswood (ARP-R) Salaried Employees Retirement Plan to the Constellium Rolled Products-Ravenswood Salaried Employees Retirement Plan.

Effective January 1, 2012, the plan is closed to employees hired on or after January 1, 2012.

Effective April 1, 2017, benefit accruals under the plan will be frozen such that compensation used to determine a participant's benefit shall not include compensation earned on or after April 1, 2017 and no participant shall earn additional periods of credited service on or after April 1, 2017.

A lump sum window was offered for certain terminated vested participants during 2019; 99 participants elected to receive a lump sum payment during this time.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Provisions of the Plan

Effective Date	September 20, 1999
Plan Year	January 1 – December 31
Participation	Salaried employees participate the January 1 or July 1 following one year of service. Plan is frozen for active employees beginning on April 1, 2017.

Retirement Benefits

Normal

Eligibility

Age 62.

Benefit

1.2% of final average monthly compensation times service (maximum 40 years).

Minimum benefit: \$24.25 times service (maximum 40 years).

As of April 1, 2017, the accrued benefit for all participants will not increase in the future either due to future compensation growth or additional service.

Early

Eligibility

Age 55 and 10 years of service or 70 points.

Benefit

Normal retirement benefit reduced according to the following schedule:

Age	Early Retirement Factor
62	100.0%
61	97.5%
60	95.0%
59	90.0%
58	85.0%
57	80.0%
56	75.0%
55	70.0%
54	65.0%
53	60.0%
52	55.0%
51	50.0%
50	45.0%
49	40.0%
48	35.0%

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Constellium Rolled Products-Ravenswood Salaried Employees Retirement
 Plan
 EIN: 20-0843018 PN: 001

	47	30.0%
	46	25.0%
	45	20.0%
Vested Termination Benefit		
Eligibility	Five years of service.	
Benefit	Accrued benefit as of date of termination, payment beginning at age 62. Participant can commence benefits prior to age 62 (but no earlier than 55) with actuarially equivalent reductions.	
Disability Retirement		
Eligibility	Ten years of service and becomes totally disabled as a result of bodily injury, disease, or mental disorder.	
Benefit	Participants continue to accrue benefit service until age 65 while on LTD. However, accruals cease as of April 1, 2017. Retirement benefits start when participant is retirement eligible.	
Preretirement Survivor Benefit		
Eligibility	Five years of service or age 62.	
Benefit	If actively employed, benefit to spouse is 50% of the unreduced accrued benefit payable immediately.	
	Spouses of terminated vested participants receive a benefit in an amount equal to the benefit assuming the participant terminated on his or her date of death and retired on the later of age 55 or the date of death and elected a 50% joint and survivor annuity.	
Normal Form of Annuity	Single life annuity for single participants; reduced 50% joint and survivor annuity for married participants.	
Optional Forms of Payment	Single life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity, and 10 year certain and life annuity.	
Optional Form Conversion	50% joint and survivor annuity; For retirees commencing from active status, the benefit is 95% of the single life annuity benefit amount. For retirees commencing from terminated vested status, the benefit is determined based on the mortality table specified in Revenue Ruling 2001-62 and 6.00% interest.	

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

The 75% joint and survivor annuity and 10 year certain and life annuity for all retirees are based on the mortality table specified in Revenue Ruling 2001-62 and 6.00% interest.

Definitions

Service

Whole and fractional years (expressed in days) commencing on hire date and ending at termination or retirement. Service includes periods of employment with Ormet, Kaiser Aluminum, and Century Aluminum. Service is limited to 40 years.

Earnings

Taxable compensation (but including deferrals to cash or deferred arrangements, e.g., 401(k)) limited by the IRS pensionable earnings limitation defined in Internal Revenue Code (IRC) section 401(a)(17).

Final Average Monthly Compensation

Highest monthly average of the highest 36 consecutive months out of the last 120 months of credited service.

30-Year Pension

Participants with 30 or more years of service as of February 7, 1990, are eligible to receive an unreduced immediate pension benefit.

Prior Plan Offset

Pension benefit payable from this plan shall be reduced by any benefit under other plans maintained by Kaiser, Ormet, or Century Aluminum Company.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

A Name of plan CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD, LLC SALARIED EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONSTELLIUM ROLLED PRODUCTS RAVENSWOOD, LLC	D Employer Identification Number (EIN) 20-0843018
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2023			
2 Assets:			
a Market value	2a	63,453,262	
b Actuarial value	2b	69,798,588	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	404	55,244,834	55,244,834
b For terminated vested participants	73	6,280,505	6,280,505
c For active participants	81	11,785,400	11,877,495
d Total	558	73,310,739	73,402,834
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.23%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	519,097	
c Target normal cost	6c	519,097	

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

SIGN HERE	DAWN M. OCHOA Signature of actuary	10/01/2024 Date
DAWN M. OCHOA Type or print name of actuary		2307557 Most recent enrollment number
AON CONSULTING, INC. Firm name		847-295-5000 Telephone number (including area code)
MSC #17755 PO BOX 1447 LINCOLNSHIRE IL 60069 Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	3,388,907
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3,388,907
10	Interest on line 9 using prior year's actual return of <u>-19.47</u> %	0	-659,820
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		995,588
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> %.....		53,762
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		1,049,350
	d Portion of (c) to be added to prefunding balance.....		1,049,350
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	3,778,437

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.94 %
15	Adjusted funding target attainment percentage	15	89.94 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	102.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2024	39,000	0			
07/15/2024	590,000	0			
09/13/2024	6,000,000	0			
Totals ►			18(b)	6,629,000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date.	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 6,084,170
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	519,097	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	7,382,683	676,111	
	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,195,208	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1,195,208	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6,084,170	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4,888,962	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 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. ☐ 2019 ☒ 2020 ☐ 2021
--

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 1/1/2023 at 5.23%	Interest Adjusted Contribution
April 15, 2024	\$ 39,000	470	\$ 36,524
July 15, 2024	590,000	561	545,577
September 13, 2024	<u>6,000,000</u>	621	<u>5,502,069</u>
Total Contribution	\$ 6,629,000		\$ 6,084,170

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

Age	< 70 Points	70+ Points
50.5	0.00%	5.00%
51.5	0.00%	5.00%
52.5	0.00%	5.00%
53.5	0.00%	5.00%
54.5	0.00%	5.00%
55.5	10.00%	10.00%
56.5	10.00%	10.00%
57.5	10.00%	10.00%
58.5	10.00%	10.00%
59.5	10.00%	10.00%
60.5	10.00%	10.00%
61.5	20.00%	20.00%
62.5	30.00%	30.00%
63.5	20.00%	20.00%
64.5	20.00%	20.00%
65.5	30.00%	30.00%
66.5	30.00%	30.00%
67.5	50.00%	50.00%
68.5	75.00%	75.00%
69.5	75.00%	75.00%
70	100.00%	100.00%
Weighted Average: 60.98		

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Constellium Rolled Products-Ravenswood Salaried Employees Retirement
 Plan
 EIN: 20-0843018 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2022), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor with regard to ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2022), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.09%
3rd Segment Rate	3.58%%
Optional Payment Form Election Percentage	20% are assumed to take a life annuity 10% are assumed to take a 75% joint and survivor annuity 70% are assumed to take a 50% joint and survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2023 status mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

For ERISA Requirements

Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2021 Plan Year	4.50%
2022 Plan Year	4.50%
2023 Plan Year	6.00%
Trust Expenses Included in Target Normal Cost	\$519,097 based on prior year's estimated plan administrative expenses (excluding PBGC premiums), plus estimated PBGC premiums for current year.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Table 1

Retirement Rates

Age	Points (Age + Service)	
	<70	70+
50	0.00%	5.00%
51	0.00%	5.00%
52	0.00%	5.00%
53	0.00%	5.00%
54	0.00%	5.00%
55	10.00%	10.00%
56	10.00%	10.00%
57	10.00%	10.00%
58	10.00%	10.00%
59	10.00%	10.00%
60	10.00%	10.00%
61	20.00%	20.00%
62	30.00%	30.00%
63	20.00%	20.00%
64	20.00%	20.00%
65	30.00%	30.00%
66	30.00%	30.00%
67	50.00%	50.00%
68	75.00%	75.00%
69	75.00%	75.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service			
	0	1	2	3+
15	21.00%	21.00%	21.00%	21.00%
16	21.00%	21.00%	21.00%	21.00%
17	21.00%	21.00%	21.00%	21.00%
18	21.00%	21.00%	21.00%	21.00%
19	21.00%	21.00%	21.00%	21.00%
20	21.00%	21.00%	21.00%	21.00%
21	21.00%	21.00%	21.00%	21.00%
22	20.00%	20.00%	20.00%	20.00%
23	19.00%	19.00%	19.00%	19.00%
24	18.10%	18.10%	18.10%	18.10%
25	17.20%	17.20%	17.20%	17.20%
26	16.30%	16.30%	16.30%	16.30%
27	15.40%	15.40%	15.40%	15.40%
28	15.20%	14.50%	14.50%	14.50%
29	15.20%	14.30%	13.80%	13.80%
30	15.20%	14.30%	13.20%	13.00%
31	15.20%	14.30%	13.20%	12.20%
32	15.20%	14.30%	13.20%	11.50%
33	15.20%	14.30%	13.20%	10.80%
34	15.20%	14.30%	13.20%	10.20%
35	15.20%	14.30%	13.20%	9.50%
36	15.20%	14.30%	13.20%	8.90%
37	15.20%	14.30%	13.20%	8.30%
38	15.20%	14.30%	13.20%	7.80%
39	15.20%	14.30%	13.20%	7.20%
40	15.20%	14.30%	13.20%	6.70%
41	15.20%	14.30%	13.20%	6.20%
42	15.20%	14.30%	13.20%	5.90%
43	15.20%	14.30%	13.20%	5.40%
44	15.20%	14.30%	13.20%	5.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service			
	0	1	2	3+
45	15.20%	14.30%	13.20%	4.70%
46	15.20%	14.30%	13.20%	4.30%
47	15.20%	14.30%	13.20%	4.10%
48	15.20%	14.30%	13.20%	3.70%
49	15.20%	14.30%	13.20%	3.50%
50	15.20%	14.30%	13.20%	3.20%
51	15.20%	14.30%	13.20%	3.10%
52	15.20%	14.30%	13.20%	2.90%
53	15.20%	14.30%	13.20%	2.80%
54	15.20%	14.30%	13.20%	2.60%
55+	15.20%	14.30%	13.20%	2.60%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

History of the Plan

Effective September 20, 1999, the Alcan Rolled Products-Ravenswood (ARP-R) Salaried Employees Retirement Plan (EIN/PN 06-1340593/001) was created as a result of a spinoff from the Century Aluminum Company Salaried Employees' Retirement Plan (EIN/PN 55-0686448/001).

The Century Aluminum Company Salaried Employees' Retirement Plan was established February 7, 1989, as a result of a spinoff from the Kaiser Aluminum Salaried Employees Retirement Plan.

The ARP-R Salaried Plan retains identical benefit formula and provisions as provided by the Century Aluminum Company Salaried Employees' Retirement Plan.

The plan was amended on January 1, 2002 to reflect the provisions of EGTRRA. This resulted in an increase in the 401(a)(17) pay cap to \$200,000. This cap was applied retroactively for pay earlier than 2002.

During 2002, eligible participants were offered an early retirement window; 57 participants accepted the benefit enhancement and retired. Another 19 participants were terminated as a part of the same reduction. They were given five years of age and service for benefit amount and eligibility purposes. For expense purposes, this enhancement was accounted for on December 31, 2002. The enhancement was reflected in the 2003 valuation.

Effective July 25, 2011, the plan name changed from the Alcan Rolled Products-Ravenswood (ARP-R) Salaried Employees Retirement Plan to the Constellium Rolled Products-Ravenswood Salaried Employees Retirement Plan.

Effective January 1, 2012, the plan is closed to employees hired on or after January 1, 2012.

Effective April 1, 2017, benefit accruals under the plan will be frozen such that compensation used to determine a participant's benefit shall not include compensation earned on or after April 1, 2017 and no participant shall earn additional periods of credited service on or after April 1, 2017.

A lump sum window was offered for certain terminated vested participants during 2019; 99 participants elected to receive a lump sum payment during this time.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Provisions of the Plan

Effective Date	September 20, 1999
Plan Year	January 1 – December 31
Participation	Salaried employees participate the January 1 or July 1 following one year of service. Plan is frozen for active employees beginning on April 1, 2017.

Retirement Benefits

Normal

Eligibility

Age 62.

Benefit

1.2% of final average monthly compensation times service (maximum 40 years).

Minimum benefit: \$24.25 times service (maximum 40 years).

As of April 1, 2017, the accrued benefit for all participants will not increase in the future either due to future compensation growth or additional service.

Early

Eligibility

Age 55 and 10 years of service or 70 points.

Benefit

Normal retirement benefit reduced according to the following schedule:

Age	Early Retirement Factor
62	100.0%
61	97.5%
60	95.0%
59	90.0%
58	85.0%
57	80.0%
56	75.0%
55	70.0%
54	65.0%
53	60.0%
52	55.0%
51	50.0%
50	45.0%
49	40.0%
48	35.0%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

	47	30.0%
	46	25.0%
	45	20.0%
Vested Termination Benefit		
Eligibility	Five years of service.	
Benefit	Accrued benefit as of date of termination, payment beginning at age 62. Participant can commence benefits prior to age 62 (but no earlier than 55) with actuarially equivalent reductions.	
Disability Retirement		
Eligibility	Ten years of service and becomes totally disabled as a result of bodily injury, disease, or mental disorder.	
Benefit	Participants continue to accrue benefit service until age 65 while on LTD. However, accruals cease as of April 1, 2017. Retirement benefits start when participant is retirement eligible.	
Preretirement Survivor Benefit		
Eligibility	Five years of service or age 62.	
Benefit	If actively employed, benefit to spouse is 50% of the unreduced accrued benefit payable immediately.	
	Spouses of terminated vested participants receive a benefit in an amount equal to the benefit assuming the participant terminated on his or her date of death and retired on the later of age 55 or the date of death and elected a 50% joint and survivor annuity.	
Normal Form of Annuity	Single life annuity for single participants; reduced 50% joint and survivor annuity for married participants.	
Optional Forms of Payment	Single life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity, and 10 year certain and life annuity.	
Optional Form Conversion	50% joint and survivor annuity; For retirees commencing from active status, the benefit is 95% of the single life annuity benefit amount. For retirees commencing from terminated vested status, the benefit is determined based on the mortality table specified in Revenue Ruling 2001-62 and 6.00% interest.	

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan

EIN: 20-0843018 PN: 001

The 75% joint and survivor annuity and 10 year certain and life annuity for all retirees are based on the mortality table specified in Revenue Ruling 2001-62 and 6.00% interest.

Definitions

Service

Whole and fractional years (expressed in days) commencing on hire date and ending at termination or retirement. Service includes periods of employment with Ormet, Kaiser Aluminum, and Century Aluminum. Service is limited to 40 years.

Earnings

Taxable compensation (but including deferrals to cash or deferred arrangements, e.g., 401(k)) limited by the IRS pensionable earnings limitation defined in Internal Revenue Code (IRC) section 401(a)(17).

Final Average Monthly Compensation

Highest monthly average of the highest 36 consecutive months out of the last 120 months of credited service.

30-Year Pension

Participants with 30 or more years of service as of February 7, 1990, are eligible to receive an unreduced immediate pension benefit.

Prior Plan Offset

Pension benefit payable from this plan shall be reduced by any benefit under other plans maintained by Kaiser, Ormet, or Century Aluminum Company.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected return on assets from 4.50% to 6.00%.

This change was made to better reflect the anticipated plan experience and did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39				2	2					
40-44				4	9					
45-49				3	6	6				
50-54				4	2	4	3	3		
55-59				3	5	3	3	2	3	
60-64				3	1	2	2	3		
65-69										1
70+				1	1					

N-81

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 7,382,683	January 1, 2023	15	\$ 676,111

Schedule SB Attachment (Form 5500)—2023 Plan Year
Constellium Rolled Products-Ravenswood Salaried Employees Retirement
Plan
EIN: 20-0843018 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 7,382,683	January 1, 2023	15	\$ 676,111

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>	
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.)
B This return/report is:	☒ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final 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) <u>FEMA 4827 DR. HURRICANE HELENE</u>
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											
1a Name of plan CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME	<table style="width: 100%;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">09/20/1999</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">20-0843018</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">301-273-7000</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">331400</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan	09/20/1999	2b Employer Identification Number (EIN)	20-0843018	2c Plan Sponsor's telephone number	301-273-7000	2d Business code (see instructions)	331400
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan	09/20/1999										
2b Employer Identification Number (EIN)	20-0843018										
2c Plan Sponsor's telephone number	301-273-7000										
2d Business code (see instructions)	331400										
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD P.O. BOX 68 859 CENTURY ROAD RAVENSWOOD, WV 26164											

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

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

SIGN HERE	<u>Gary L. Howell Jr.</u> (Signed by Gary L. Howell Jr. on 07/28/2025 at 2:37 EDT)	Date	GARY HOWELL
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">3b Administrator's EIN 20-0843018</td> </tr> <tr> <td style="padding: 2px;">3c Administrator's telephone number 301-273-7000</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	3b Administrator's EIN 20-0843018	3c Administrator's telephone number 301-273-7000	
3b Administrator's EIN 20-0843018				
3c Administrator's telephone number 301-273-7000				

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN		
5 Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">5</td> <td style="width: 90%; text-align: right;">558</td> </tr> </table>	5	558
5	558		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6a(1)</td> <td style="width: 90%; text-align: right;">81</td> </tr> </table>	6a(1)	81
6a(1)	81		
a(2) Total number of active participants at the end of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6a(2)</td> <td style="width: 90%; text-align: right;">79</td> </tr> </table>	6a(2)	79
6a(2)	79		
b Retired or separated participants receiving benefits	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6b</td> <td style="width: 90%; text-align: right;">324</td> </tr> </table>	6b	324
6b	324		
c Other retired or separated participants entitled to future benefits.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6c</td> <td style="width: 90%; text-align: right;">69</td> </tr> </table>	6c	69
6c	69		
d Subtotal. Add lines 6a(2), 6b, and 6c.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6d</td> <td style="width: 90%; text-align: right;">472</td> </tr> </table>	6d	472
6d	472		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6e</td> <td style="width: 90%; text-align: right;">78</td> </tr> </table>	6e	78
6e	78		
f Total. Add lines 6d and 6e.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6f</td> <td style="width: 90%; text-align: right;">550</td> </tr> </table>	6f	550
6f	550		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6g(1)</td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>	6g(1)	0
6g(1)	0		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6g(2)</td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>	6g(2)	0
6g(2)	0		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6h</td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>	6h	0
6h	0		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">7</td> <td style="width: 90%; text-align: right;"></td> </tr> </table>	7	
7			
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H			

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)																								
<table border="0" style="width: 100%;"> <tr> <td style="width: 5%; text-align: right;">(1)</td> <td style="width: 5%; text-align: center;">☐</td> <td>Insurance</td> </tr> <tr> <td style="text-align: right;">(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td style="text-align: right;">(3)</td> <td style="text-align: center;">☒</td> <td>Trust</td> </tr> <tr> <td style="text-align: right;">(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%; text-align: right;">(1)</td> <td style="width: 5%; text-align: center;">☐</td> <td>Insurance</td> </tr> <tr> <td style="text-align: right;">(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td style="text-align: right;">(3)</td> <td style="text-align: center;">☒</td> <td>Trust</td> </tr> <tr> <td style="text-align: right;">(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor
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(4)	☐	General assets of the sponsor																							
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																									

a Pension Schedules

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