

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... 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: PENSION PLAN OF RMI TITANIUM COMPANY
1b Three-digit plan number (PN): 001
1c Effective date of plan: 09/08/1956
2a Plan sponsor's name (employer, if for a single-employer plan): RMI TITANIUM CO., LLC
2b Employer Identification Number (EIN): 31-0875005
2c Plan Sponsor's telephone number: 412-553-4545
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	300
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)	65
	6a(2)	59
	6b	179
	6c	41
	6d	279
	6e	19
	6f	298
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 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)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>PENSION PLAN OF RMI TITANIUM COMPANY</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RMI TITANIUM CO., LLC</u>	D Employer Identification Number (EIN) <u>31-0875005</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>41376351</u>
	b Actuarial value	2b	<u>45513986</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>194</u>	<u>31230126</u>
	b For terminated vested participants	<u>41</u>	<u>2558624</u>
	c For active participants	<u>65</u>	<u>10617487</u>
	d Total	<u>300</u>	<u>44406237</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.09 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>335985</u>
	b Expected plan-related expenses	6b	<u>350000</u>
	c Target normal cost	6c	<u>685985</u>

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

SIGN HERE		<u>09/04/2025</u>
	Signature of actuary	Date
	<u>DAVID WOELFEL</u>	<u>23-06833</u>
	Type or print name of actuary	Most recent enrollment number
	<u>BUCK GLOBAL, LLC</u>	<u>724-831-6018</u>
	Firm name	Telephone number (including area code)
	<u>444 LIBERTY AVENUE SUITE 805 PITTSBURGH, PA 15222-1226</u>	
	Address of the firm	

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

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	3590116
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1082867
9	Amount remaining (line 7 minus line 8)	0	2507249
10	Interest on line 9 using prior year's actual return of <u>6.26</u> %	0	156954
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2664203

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.23 %
15	Adjusted funding target attainment percentage	15	93.30 %
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	96.65 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 685985
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3108195	292427	
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 978412
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			978412
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under 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. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PENSION PLAN OF RMI TITANIUM COMPANY	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RMI TITANIUM CO., LLC	D Employer Identification Number (EIN) 31-0875005	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(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:	AUDREY CERVAS	b EIN:	52-2200060
c Position:	ACTUARY		
d Address:	323 LAKESIDE AVENUE, #410 CLEVELAND, OH 44113	e Telephone:	216-682-7581

Explanation: RESPONSIBILITY FOR THE PLAN'S ACTUARIAL SERVICES WAS REASSIGNED WITHIN BUCK

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PENSION PLAN OF RMI TITANIUM COMPANY</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RMI TITANIUM CO., LLC</u>	D Employer Identification Number (EIN) <u>31-0875005</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RMI RETIREMENT PLAN TRUST</u>	b Name of sponsor of entity listed in (a): <u>RMI TITANIUM CO., LLC</u>	c EIN-PN <u>31-0875005-106</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2801842</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HOWMET AEROSPACE RETIREMENT PLAN MT</u>	b Name of sponsor of entity listed in (a): <u>HOWMET AEROSPACE INC.</u>	c EIN-PN <u>25-0317820-038</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34646056</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN OF RMI TITANIUM COMPANY	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RMI TITANIUM CO., LLC	D Employer Identification Number (EIN) 31-0875005

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	0
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)	37447898
(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	41386646	37447898
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	10295	9654
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	10295	9654
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	41376351	37438244

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		-345301
(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		-345301

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3321913	
(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)		3321913
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	66519	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	204374	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		270893
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3592806

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-3938107
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 556193.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PENSION PLAN OF RMI TITANIUM COMPANY</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RMI TITANIUM CO., LLC</u>	D Employer Identification Number (EIN) <u>31-0875005</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 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): 25-1926855

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	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 _____.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

**Financial Statements
December 31, 2024 and 2023**

**Employees’ Retirement Plans of Howmet Aerospace Inc. and
Subsidiary Companies
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Note: Other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”) have been omitted as they are not applicable.

Independent Auditors' Report

To the Participants and Plan Administrator of the
Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

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

We have performed audits of the individual plan financial statements of the plans identified in the table below (collectively, the Plans), employee benefit plans 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 individual plan financial statements comprise the statements of individual plan net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in individual plan net assets available for benefits for the year ended December 31, 2024, and the related notes to the individual plan financial statements.

Plans Included in Scope of the ERISA Section 103(a)(3)(C) Audit
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Howmet Aerospace Retirement Plan

Howmet Corporation Muskegon County Operations Hourly Employees' Pension Plan (Muskegon Plan)
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Howmet Corporation Pension Plan (Howmet Merged Plan)
--

Pension Plan of RMI Titanium Company (RMI Hourly Plan)
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Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plans' individual plan financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plans (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 8 to the individual plan financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the individual plan 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.
- the information in the individual plan 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

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 Auditors' Responsibilities for the Audit of the Individual Plan Financial Statements section of our report. We are required to be independent of the Plans and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Merger

As disclosed in Note 1 to the individual plan financial statements, the Howmet Corporation Pension Plan merged into the Howmet Aerospace Retirement Plan effective December 31, 2024, and all net assets available for benefits and benefit obligations were transferred as of that date. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Individual Plan Financial Statements

Management is responsible for the preparation and fair presentation of the individual plan financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of individual plan 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 individual plan financial statements.

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

Management is also responsible for maintaining current plan instruments, including all plan amendments, administering the Plans, and determining that the Plans' transactions that are presented and disclosed in the individual plan financial statements are in conformity with the Plans' 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.

Auditors' Responsibilities for the Audit of the Individual Plan Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the individual plan financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 individual plan 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 individual plan 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 individual plan 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 Plans' 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 individual plan financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the individual plan 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the individual plan financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Baker Tilly US, LLP

Pittsburgh, Pennsylvania
September 29, 2025

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies
Statement of Individual Plan Net Assets Available for Benefits
December 31, 2024

	Howmet Aerospace Retirement Plan	Muskegon Plan	Howmet Merged Plan	RMI Hourly Plan
Assets				
Plans' interest in Howmet Aerospace Retirement Plans Master Trust at fair value (Note 3)	\$ 677,008,473	\$ 25,671,043	\$ —	\$ 34,646,056
Plans' interest in RMI Retirement Plans Master Trust at fair value (Note 3)	1,380,398	—	—	2,801,842
Total assets	678,388,871	25,671,043	—	37,447,898
Liabilities				
Administrative expenses payable	236,591	10,021	—	9,654
Net assets available for benefits	\$ 678,152,280	\$ 25,661,022	\$ —	\$ 37,438,244

The accompanying notes are an integral part of these financial statements.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies
Statement of Individual Plan Net Assets Available for Benefits
December 31, 2023

	Howmet Aerospace Retirement Plan	Muskegon Plan	Howmet Merged Plan	RMI Hourly Plan
Assets				
Investments				
Plans' interest in Howmet Aerospace Retirement Plans Master Trust at fair value (Note 3)	\$ 641,045,812	\$ 27,328,611	\$ 72,972,405	\$ 37,369,253
Plans' interest in RMI Retirement Plans Master Trust at fair value (Note 3)	—	—	1,551,162	3,148,451
Total investments	<u>641,045,812</u>	<u>27,328,611</u>	<u>74,523,567</u>	<u>40,517,704</u>
Other receivable (Note 10)	—	—	—	868,942
Total assets	<u>641,045,812</u>	<u>27,328,611</u>	<u>74,523,567</u>	<u>41,386,646</u>
Liabilities				
Administrative expenses payable	98,367	7,487	32,813	10,295
Net assets available for benefits	<u>\$ 640,947,445</u>	<u>\$ 27,321,124</u>	<u>\$ 74,490,754</u>	<u>\$ 41,376,351</u>

The accompanying notes are an integral part of these financial statements.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies
Statement of Changes in Individual Plan Net Assets Available for Benefits
Year Ended December 31, 2024

	Howmet Aerospace Retirement Plan	Muskegon Plan	Howmet Merged Plan	RMI Hourly Plan
Additions				
Employer contributions	\$ 51,254,597	\$ 2,030,059	\$ 7,520,078	\$ —
Plans' interest in Howmet Aerospace Retirement Plans Master Trust investment (loss) income	(3,085,223)	(4,079)	3,135,323	1,308
Total additions	<u>48,169,374</u>	<u>2,025,980</u>	<u>10,655,401</u>	<u>1,308</u>
Deductions				
Plans' interest in RMI Retirement Plans Master Trust investment loss	—	—	170,764	346,609
Benefit payments	78,976,644	3,326,461	4,971,020	3,321,913
PBGC premiums	7,701,582	269,941	2,805,235	180,424
Administrative expenses	1,171,688	89,680	313,761	90,469
Total deductions	<u>87,849,914</u>	<u>3,686,082</u>	<u>8,260,780</u>	<u>3,939,415</u>
Net (decrease) increase prior to Plan transfers	<u>(39,680,540)</u>	<u>(1,660,102)</u>	<u>2,394,621</u>	<u>(3,938,107)</u>
Plan transfers (Note 1)	76,885,375	—	(76,885,375)	—
Net increase (decrease)	<u>37,204,835</u>	<u>(1,660,102)</u>	<u>(74,490,754)</u>	<u>(3,938,107)</u>
Net assets available for benefits				
Beginning of the year	640,947,445	27,321,124	74,490,754	41,376,351
End of the year	<u>\$ 678,152,280</u>	<u>\$ 25,661,022</u>	<u>\$ —</u>	<u>\$ 37,438,244</u>

The accompanying notes are an integral part of these financial statements.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plans

The following description of each Plan's provisions provides only general information. Participants should refer to each Plan document for a more complete description of each Plan's provisions.

General

The Howmet Aerospace Inc. and Subsidiary Companies' ("Howmet" or the "Company") Howmet Aerospace Retirement Plan ("Howmet Aerospace Retirement Plan"), Howmet Corporation Muskegon County Operations Hourly Employees' Pension Plan ("Muskegon Plan"), Howmet Merged Pension Plan ("Howmet Merged Plan"), and the Pension Plan of RMI Titanium Company ("RMI Hourly Plan") (each referred to as the "Plan") are non-contributory defined benefit plans that cover eligible United States employees and participate in the Howmet Aerospace Retirement Plans Master Trust ("Howmet Master Trust") at December 31, 2024 and 2023. The RMI Hourly Plan and the Howmet Aerospace Retirement Plan also participate in the RMI Retirement Plans Master Trust ("RMI Master Trust").

Effective December 31, 2024, the assets and benefit obligations attributable to the Howmet Merged Plan were transferred into the Howmet Aerospace Retirement Plan. Assets transferred from the Howmet Master Trust and RMI Master Trust amounted to \$75,504,977 and \$1,380,398, respectively. Benefit obligations transferred amounted to \$113,049,191.

The investments of the Plans are maintained under trusts pursuant to the "Howmet Master Trust Agreement" and "RMI Retirement Plans Master Trust Agreement" with the trustee, The Bank of New York Mellon ("Trustee").

All fiduciary responsibility for the Plans is maintained by the Howmet Benefits Management Committee and Howmet Benefits Investment Committee. In February, 2025, these two committees merged. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plans provide, in general, for monthly pensions upon retirement at or after age 65, or earlier upon disability, incapacity, special circumstances, or with certain minimum age and service requirements. Pension benefits generally depend upon length of service, job grade or remuneration, and certain social security and other benefits. Lump sum payment options are available for the Howmet Aerospace Retirement Plan and Muskegon Plan.

Eligibility and Vesting

Salaried and certain non-bargained employees hired before March 1, 2006 and former Howmet Merged Plan non-bargained hourly employees hired before January 8, 2018 are eligible to participate in the Howmet Aerospace Retirement Plan after they have attained age 21 with one year of service. Collective bargained employees hired prior to the date specified in their collective bargaining agreement are eligible to participate in the Howmet Aerospace Retirement Plan after they have attained age 21 with one year of service. Effective on the date specified in their collective bargaining agreement, collective bargained hires and rehires are not eligible to participate in the Howmet Aerospace Retirement Plan.

Employees hired or rehired prior to October 15, 2003 are eligible to participate immediately in the RMI Hourly Plan.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

Employees hired or rehired prior to January 1, 1999 are eligible to participate immediately in the Muskegon Plan.

All Plans are frozen to new participants, and benefits are frozen for all participants, except for collectively bargained Howmet employees at the Company's Cleveland, Ohio location hired before April 1, 2009 and collectively bargained employees at the Company's Niles, Ohio location hired before October 15, 2003.

Benefit Provisions

The benefit provisions for the salaried and most non-bargained participants in Howmet Aerospace Retirement Plan determine the retirement benefit on a compensation-based formula. The benefits for collective bargained participants and former Howmet Merged Plan non-bargained hourly participants in the Howmet Aerospace Retirement Plan are determined on a factor times years of service. The benefit provisions for former Howmet Merged Plan salaried participants in the Howmet Merged Plan determine benefits for service through December 31, 2001, based on a percentage of monthly earnings. This percentage was based on age at month end. In addition, accumulated benefits for former Howmet Merged Plan salaried participants include a cash balance for which only interest credits are being earned.

The Muskegon Plan and RMI Hourly Plan determine the retirement benefits on a factor times years of service.

Normal retirement for the Howmet Aerospace Retirement Plan is either age 65 with five years of service or age 62 with five years of service.

Normal retirement for the Muskegon Plan is age 62 with five years of service.

Normal retirement for the RMI Hourly Plan is 65 with five or more years of continuous service.

Effective January 1, 2002 for former Howmet Merged Plan salaried participants and effective April 1, 2018 for all other salaried and non-bargaining hourly employees in the Howmet Aerospace Retirement Plan, benefit accruals for future service and compensation ceased. Effective January 1, 2019, benefit accruals for future service for participants in the Muskegon Plan ceased. These plan amendments do not impact each of the plan's actuarial present value of accumulated plan benefits.

All Howmet plans have death and disability benefits. Full descriptions of these benefit provisions are included in each Plan document.

Risks and Uncertainties

The Plans invest in investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. At December 31, 2024, the Howmet Master Trust had two commingled trust funds of approximately \$103,000,000 and \$92,000,000 that constituted approximately 14% and 12% of the Master Trusts' total net assets, respectively. There was no such concentration at December 31, 2023. In addition, Mercer Investments, US, manages approximately 40% of the investment portfolio. Due to the level of risk associated with certain investment securities and concentrations noted above, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Individual Plan Net Assets Available for Benefits and Statements of Changes in Individual Plan Net Assets Available for Benefits.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

The Plans' contributions 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 individual Plans' financial statements.

Termination of Plans

Benefits under the Plans are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Should the Plans terminate at some future time, the net assets of the Plans generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level 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.

A full description of each Plan's termination priorities is available in each Plan document.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plans are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are stated 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. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income and loss include the Plans' unrealized and realized gains and losses on investments, dividends, interest income, and investment management/trustee fees.

The fair value of the Plans' interest in the Howmet Master Trust investment income and the RMI Master Trust investment loss is based on the beginning-of-year (period) value plus actual contributions and allocated investment income/loss less actual distributions, allocated investment gains and losses, and administrative expenses.

The individual Plans participate in the operations of the Howmet Master Trust through the purchase and sale of units. Cash inflows and outflows between the Plans and the Howmet Master Trust are accounted for at the beginning-of-the-month unit value. Units are revalued monthly to reflect

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

changes in the investment values. Net investment income and losses are allocated to the Plans that participate in the Howmet Master Trust based on each of these Plans' units held.

Additionally, the RMI Hourly Plan and the Howmet Merged Plan (through December 31, 2024) and the Howmet Aerospace Retirement Plan (effective December 31, 2024) participate in the operations of the RMI Master Trust through the purchase and sale of units. Cash inflows and outflows between these plans and the RMI Master Trust are accounted for at the beginning-of-the-month (period) unit value. Units are revalued monthly to reflect changes in the investment values. Net investment income and losses are allocated to the Plans that participate in the RMI Master Trust based on each of these Plans' units held.

Benefit Payments

Benefit payments to participants are recorded when paid.

Administrative Expenses

Audit, legal, actuarial, recordkeeping, and other administrative expenses are paid by the Plans. Expenses for services provided for the Howmet Master Trust and the RMI Master Trust are allocated to the Plans ratably, if applicable. Expenses for services provided directly to a specific plan are attributed to only that plan.

Investment Management/Trustee Fees

Investment management and trustee fees are paid by the Plans and are included in Plans' interest in investment income or loss.

Employer Contributions Receivable

Employer contributions receivable represent the remaining funding amounts Howmet is required to contribute to meet the minimum contribution levels established by law or as a result of a formal commitment by Howmet to make a contribution into the respective Plans.

Funding Policy

The Plans are defined benefit pension plans. No employee contributions to the Plans are required or permitted. Howmet contributes such amounts as are necessary on an actuarial basis to provide the individual Plans with assets sufficient to meet the benefits to be paid to current and future retirees or their beneficiaries. The minimum contributions required, if any, for the Plans are designed to fund the target normal cost and an amortization installment towards any funding shortfalls. A funding shortfall occurs when there is an excess of funding target liability over the actuarial value of plan assets. Prior to the American Rescue Plan Act ("ARPA"), the amortization installment was designed to fully fund the funding shortfall in a given year over a 7-year period. ARPA extends this amortization period to 15 years beginning no later than the 2022 plan year, but plan sponsors have the option of applying this change as far back as 2019. Howmet elected to extend the amortization period to 15 years starting with the 2020 plan year for all plans.

The actuarially determined pension contribution is calculated using the unit credit cost method. The funding target liability is the present value of accrued benefits and based on compensation and service to date. The target normal cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected expenses to be paid from plan assets during the year.

The Plans have met the minimum funding requirements under the provisions of ERISA in 2024.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

Investment Policy and Strategy

Howmet's investment policy at December 31, 2024, which remained consistent with December 31, 2023 is as follows:

Asset Category	Policy Range
Equity securities	20-55 %
Debt securities	25-55
Other	15-35

The principal objectives underlying the investment of the Plans' assets are to ensure that Howmet can properly fund benefit obligations as they become due under a broad range of potential economic and financial scenarios, maximize the long-term investment return with an acceptable level of risk based on such obligations, and broadly diversify investments across and within various asset classes to protect asset values against adverse movements. Specific objectives for long-term investment strategy include reducing the volatility of pension assets relative to pension liabilities and attaining and maintaining a sufficiently funded status. The use of derivative instruments is permitted where appropriate and necessary for achieving overall investment policy objectives. The investment strategy uses long duration bonds and derivative instruments to offset a portion of the interest rate sensitivity of U.S. pension liabilities. Exposure to broad equity risk is decreased and diversified through investments in hedge funds, private equity, private credit, private real estate, high-yield bonds, global and emerging market debt, and global and emerging market equities. Investments are further diversified by strategy, asset class, geography, and sector to enhance returns and mitigate downside risk. A large number of external investment managers are used to gain broad exposure to the financial markets and to mitigate manager-concentration risk.

Investment practices comply with the requirements of ERISA and other applicable laws and regulations.

**Employees' Retirement Plans of Howmet Aerospace Inc. and
Subsidiary Companies**
Notes to Financial Statements
December 31, 2024 and 2023

3. Plans' Interest in Howmet Master Trust and RMI Master Trust

At December 31, 2024 net assets were comprised of the following:

	Howmet Aerospace Retirement Plan	Muskegon Plan	RMI Hourly Plan	Howmet Master Trust Net Assets
Investments at fair value				
Cash and cash equivalents	\$ 37,489,317	\$ 1,421,533	\$ 1,918,524	\$ 40,829,374
Fixed income securities	76,584,097	2,903,942	3,919,208	83,407,247
Equity securities - common stocks	732,774	27,786	37,500	798,060
Equity securities - commingled trust funds	370,415,864	14,045,558	18,956,112	403,417,534
Futures contracts	(10,188,413)	(386,328)	(521,394)	(11,096,135)
Alternative investments	192,305,287	7,291,899	9,841,265	209,438,451
Total investments at fair value	<u>667,338,926</u>	<u>25,304,390</u>	<u>34,151,215</u>	<u>726,794,531</u>
Receivable for sales pending trade date and interest earned (net of payable for investments purchased)	9,669,547	366,653	494,841	10,531,041
Total value of interest in Howmet Master Trust at fair value	<u>\$677,008,473</u>	<u>\$ 25,671,043</u>	<u>\$ 34,646,056</u>	<u>\$737,325,572</u>

	Howmet Aerospace Retirement Plan	RMI Hourly Plan	RMI Master Trust Net Assets
Investments at fair value			
Cash and cash equivalents	\$ 358,204	\$ 727,060	\$ 1,085,264
Alternative investments	1,022,194	2,074,782	3,096,976
Total value of interest in RMI Master Trust at fair value	<u>\$ 1,380,398</u>	<u>\$ 2,801,842</u>	<u>\$ 4,182,240</u>

**Employees' Retirement Plans of Howmet Aerospace Inc. and
Subsidiary Companies**
Notes to Financial Statements
December 31, 2024 and 2023

At December 31, 2023 net assets were comprised of the following:

	Howmet Aerospace Retirement Plan	Muskegon Plan	Howmet Merged Plan	RMI Hourly Plan	Howmet Master Trust Net Assets
Investments at fair value					
Cash and cash equivalents	\$ 32,339,500	\$ 1,378,675	\$ 3,681,314	\$ 1,885,205	\$ 39,284,694
Fixed income securities	209,189,601	8,918,023	23,812,757	12,194,541	254,114,922
Equity securities - common stocks	345,417	14,726	39,320	20,136	419,599
Equity securities - commingled trust funds	235,053,604	10,020,639	26,756,944	13,702,262	285,533,449
Futures contracts	28,260,149	1,204,767	3,216,948	1,647,403	34,329,267
Alternative investments	164,909,995	7,030,325	18,772,261	9,613,296	200,325,877
Total investments at fair value	<u>670,098,266</u>	<u>28,567,155</u>	<u>76,279,544</u>	<u>39,062,843</u>	<u>814,007,808</u>
Payable for investments purchased (net of sales pending trade date and interest earned)	(29,052,454)	(1,238,544)	(3,307,139)	(1,693,590)	(35,291,727)
Total value of interest in Howmet Master Trust at fair value	<u>\$ 641,045,812</u>	<u>\$ 27,328,611</u>	<u>\$ 72,972,405</u>	<u>\$ 37,369,253</u>	<u>\$ 778,716,081</u>

	Howmet Merged Plan	RMI Hourly Plan	RMI Master Trust Net Assets
Investments at fair value			
Cash and cash equivalents	\$ 105,456	\$ 214,048	\$ 319,504
Alternative investments	<u>1,445,706</u>	<u>2,934,403</u>	<u>4,380,109</u>
Total value of interest in RMI Master Trust at fair value	<u>\$ 1,551,162</u>	<u>\$ 3,148,451</u>	<u>\$ 4,699,613</u>

For the year ended December 31, 2024 Howmet Master Trust investment income was comprised of the following:

	2024
Investment Income (Loss)	
Interest	\$ 7,310,430
Dividends	(215,624)
Net (depreciation) appreciation in fair value of investments:	
Fixed income securities	(12,622,518)
Equity securities - commingled trust funds	32,957,473
Futures	(50,084,382)
Alternative investments	24,677,591
Investment management/trustee fees	<u>(1,975,641)</u>
Total Howmet Master Trust investment income	<u>\$ 47,329</u>

**Employees' Retirement Plans of Howmet Aerospace Inc. and
Subsidiary Companies**
Notes to Financial Statements
December 31, 2024 and 2023

For the year ended December 31, 2024 RMI Master Trust investment loss was comprised of the following:

	2024
Investment Income (Loss)	
Interest	\$ 31,161
Net depreciation in fair value of investments:	
Alternative investments	(479,146)
Investment management fees	(69,388)
Total RMI Master Trust investment loss	<u>\$ (517,373)</u>

4. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest Level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023:

Cash and Cash Equivalents

Cash and cash equivalents held within commingled funds (institutional short-term investment funds) are fully liquid within 30 days and are included at Level 2. Cash and cash equivalents held within commingled funds (short-term investment funds) that are publicly traded are valued at the closing Net Asset Value ("NAV") and are included in Level 1.

Fixed Income Securities

U.S. government debt is valued at the closing price reported on an active market on the last business day of each period presented (included in Level 1).

U.S. and non-U.S. fixed interest obligations (principally corporate bonds and debentures) are valued through consultation and evaluation with brokers in the institutional market using quoted prices and other observable market data (included in Level 2).

Equity Securities – Common Stocks and Futures Contracts

Valued at the closing price reported on an active market on the last business day of each period presented (included in Level 1).

Equity Securities – Commingled Trust Funds

Valued using industry standard models with market-based observable inputs (included in Level 2) and at the closing NAV of shares held at year end as a practical expedient.

Alternative Investments

Valued primarily at the closing NAV of shares held at year end as a practical expedient as reported in audited financial statements. In the event that audited financial statements for these investments are not available in time to prepare the financial statements or management believes the value reported by the investment advisor does not accurately reflect fair value due to an event in the market place, management will adjust the reported value to fair value based upon information provided by the investment manager and independent valuation experts.

**Employees' Retirement Plans of Howmet Aerospace Inc. and
Subsidiary Companies**
Notes to Financial Statements
December 31, 2024 and 2023

The following table sets forth by level, with in the fair value hierarchy, the assets at fair value as of December 31, 2024:

Assets at Fair Value as of December 31, 2024					
	Level 1	Level 2	Level 3	Assets Measured at Net Asset Value (a)	Total
Assets in Howmet Master Trust at fair value					
Cash and cash equivalents	\$ —	\$ 40,829,374	\$ —	\$ —	\$ 40,829,374
Equity securities - common stocks	798,060	—	—	—	798,060
Equity securities - commingled trust funds	—	103,110,517	—	300,307,017	403,417,534
Fixed income securities					
U.S. government debt	81,707,503	—	—	—	81,707,503
Corporate debt other	—	1,699,744	—	—	1,699,744
Futures contracts	(11,096,135)	—	—	—	(11,096,135)
Alternative investments					
Private real estate	—	—	—	32,407,035	32,407,035
Venture capital	—	—	—	27,319,608	27,319,608
Private equity	—	—	—	63,475,736	63,475,736
Private debt	—	—	—	16,310,408	16,310,408
Private equity/venture capital - fund of funds	—	—	—	11,473,907	11,473,907
Hedge funds	—	—	—	58,451,757	58,451,757
Total of assets in Howmet Master Trust at fair value	<u>71,409,428</u>	<u>145,639,635</u>	<u>—</u>	<u>509,745,468</u>	<u>726,794,531</u>
Assets in RMI Master Trust at fair value					
Cash and cash equivalents	—	—	—	1,085,264	1,085,264
Alternative investments					
Private real estate	—	—	538,750	175,777	714,527
Timber	—	—	88,044	—	88,044
Private equity	—	—	—	2,294,405	2,294,405
Total of assets in RMI Master Trust at fair value	<u>—</u>	<u>—</u>	<u>626,794</u>	<u>3,555,446</u>	<u>4,182,240</u>
Total assets at fair value	<u>\$ 71,409,428</u>	<u>\$ 145,639,635</u>	<u>\$ 626,794</u>	<u>\$ 513,300,914</u>	<u>\$ 730,976,771</u>

- (a) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of individual plan net assets available for benefits.

**Employees' Retirement Plans of Howmet Aerospace Inc. and
Subsidiary Companies**
Notes to Financial Statements
December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the assets at fair value as of December 31, 2023:

Assets at Fair Value as of December 31, 2023					
	Level 1	Level 2	Level 3	Assets Measured at Net Asset Value (a)	Total
Assets in Howmet Master Trust at fair value					
Cash and cash equivalents	\$ —	\$ 39,284,694	\$ —	\$ —	\$ 39,284,694
Equity securities - common stocks	419,599	—	—	—	419,599
Equity securities - commingled trust funds	—	61,141,567	—	224,391,882	285,533,449
Fixed income securities					
U.S. government debt	164,947,342	—	—	—	164,947,342
Corporate debt other	—	89,167,580	—	—	89,167,580
Futures contracts	34,329,267	—	—	—	34,329,267
Alternative investments					
Private real estate	—	—	—	37,134,180	37,134,180
Venture capital	—	—	—	26,889,779	26,889,779
Private equity	—	—	—	60,536,100	60,536,100
Private debt	—	—	—	16,079,741	16,079,741
Private equity/venture capital - fund of funds	—	—	—	13,006,910	13,006,910
Hedge funds	—	—	—	46,679,167	46,679,167
Total of assets in Howmet Master Trust at fair value	<u>199,696,208</u>	<u>189,593,841</u>	<u>—</u>	<u>424,717,759</u>	<u>814,007,808</u>
Assets in RMI Master Trust at fair value					
Cash and cash equivalents	—	—	—	319,504	319,504
Alternative investments					
Private real estate	—	—	475,603	689,147	1,164,750
Timber	—	—	274,265	—	274,265
Private equity	—	—	—	2,941,094	2,941,094
Total of assets in RMI Master Trust at fair value	<u>—</u>	<u>—</u>	<u>749,868</u>	<u>3,949,745</u>	<u>4,699,613</u>
Total assets at fair value	<u>\$199,696,208</u>	<u>\$189,593,841</u>	<u>\$ 749,868</u>	<u>\$428,667,504</u>	<u>\$ 818,707,421</u>

- (a) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of individual plan net assets available for benefits.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

The Master Trusts use the NAV as a practical expedient for all of the underlying investments which (a) do not have a readily determinable fair value and (b) either have the attributes of an investment company or prepare their financial statements consistent with the measurement principles of an investment company.

There have been no transfers between levels within the fair value hierarchy during 2024 or 2023. Certain changes in the fair value of the RMI Master Trust's Level 3 assets for the year ended December 31, 2024 included sales of \$228,145. There were no issuances or transfers in or out of Level 3 for the year ended December 31, 2024.

At December 31, 2024 and 2023, the RMI Master Trust had Level 3 investments valued at \$626,794 and \$749,868, respectively. The investments in the Plan's financial statements have been valued primarily at the unadjusted net asset value (or its equivalent) as reported by the managers of the alternative investments or as reported in the audited financial statements.

The following table sets forth a summary of liquidity considerations of the investments that use NAV as a practical expedient within the Howmet Master Trust as of December 31, 2024 and 2023:

Category of Investment	Investment Strategy	December 31, 2024 Fair Value	December 31, 2023 Fair Value	Unfunded Commitments at December 31, 2024	Remaining Life at December 31, 2024	Redemption Restrictions and Terms
Equity Securities- Commingled Trust Funds	Global Equity markets	\$ 300,307,017	\$ 224,391,882	Not Applicable	Not Applicable	(C)
Private Real Estate	Global Private Real Estate strategy	32,407,035	37,134,180	\$ 5,826,777	Up to 5 years	(A)
Venture Capital	Global Private Real Estate strategy	27,319,608	26,889,779	3,924	Not Applicable	(A)
Private Equity	Global Private Equity strategy	63,475,736	60,536,100	8,455,600	Up to 7 years	(A)
Private Debt	Global Distressed Debt	16,310,408	16,079,741	2,452,919	Up to 5 years	(A)
Private Equity/Venture Capital Fund of Funds	Global Private Equity / Venture Capital strategy	11,473,907	13,006,910	996,914	Up to 5 years	(A)
Hedge Funds	Discretionary and Systematic Macro strategy	19,807,087	17,831,392	Not Applicable	Not Applicable	(B)
Hedge Funds	Long / Short Equity strategy	38,644,670	28,847,775	Not Applicable	Not Applicable	(B)

- (A) Redemption not permitted during life of funds. Sale or transfer subject to approval of the general partner.
- (B) Hedge Fund Redemption terms vary by fund. Under normal conditions, 82% liquidity is typically available within 180 days, but can be further restricted based on actions of other investors. When investors restrictions are in place, 77% of funds are available within one year.
- (C) Redemption terms vary by fund. Full liquidity is available within 30 days.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

The following table sets forth a summary of liquidity consideration of the investments that use NAV as a practical expedient within the RMI Master Trust as of December 31, 2024 and 2023:

Category of Investment	Investment Strategy	December 31, 2024 Fair Value	December 31, 2023 Fair Value	Unfunded Commitments at December 31, 2024	Remaining Life at December 31, 2024	Redemption Restrictions and Terms
Cash and cash equivalents	Cash and cash equivalents	\$ 1,085,264	\$ 319,504	Not Applicable	Not Applicable	(A)
Private Equity Funds	Global Private Equity strategy	2,294,405	2,941,094	—	Up to 6 years	Not redeemable
Real Estate Funds	Global Private Real Estate strategy	175,777	689,147	—	Not Applicable	Not redeemable

(A) Funds are fully available with one day notice.

5. Derivatives

Derivatives Policy

The Howmet Master Trust enters into contractual arrangements classified as derivatives in carrying out its investment strategy, principally to (1) manage interest rate risk within the portfolio, (2) manage exposure to a market more efficiently than could be accomplished through the use of cash markets, and (3) increase investment returns by reducing the cost of structuring the portfolio or by capturing value disparities between financial instruments. The RMI Master Trust has the ability to enter into contractual arrangements classified as a derivative, but doesn't have such investments as of December 31, 2024 and 2023. The Howmet Master Trust utilizes exchange traded instruments such as interest rate futures, options on futures, interest rate swaps, and foreign currency forward contracts. The Howmet Master Trust is subject to enforceable master netting arrangements, or netting arrangements, with certain counterparties. Master netting agreements may not be specific to each different asset type; in such instances, they would allow the Company to close out and net its total exposure to a specified counter party in the event of a default.

The following is a summary of the Howmet Master Trust's usage of derivatives:

Futures Contracts

A futures contract is a contractual agreement to make or take delivery of a standardized quantity of a specified grade or type of commodity or financial instrument at a specified future date in accordance with terms specified by a regulated future exchange.

The Howmet Master Trust may use treasury, Eurodollar, and other fixed income futures contracts to manage exposure to interest rate risk and exposure in the market. Buying futures tends to increase the Howmet Master Trust's exposure to the underlying instrument held, while selling futures tends to reduce the exposure.

The average notional value of futures contracts held by the Howmet Master Trust during the years ended December 31, 2024 and 2023 was \$1,168,206,298 and \$680,380,173, respectively. During the years ended December 31, 2024 and 2023, the volume of the fund's activity in futures, based on underlying notional amounts, was approximately 84% and 87% of investments, respectively.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

A summary of the open futures contracts as of December 31, 2024 and 2023 is presented below:

	Long Contracts				Short Contracts			
	2024 Number of Contracts	2024 Aggregate Face Value	2024 Unrealized (Loss)/Gain	2024 Variation Margin	2024 Number of Contracts	2024 Aggregate Face Value	2024 Unrealized Gain/(Loss)	2024 Variation Margin
US Treasury Bond Future	1,202	\$ 136,840,188	\$ (3,123,250)	\$ —	—	\$ —	\$ —	\$ —
US 10 Year Treasury Notes Future	633	68,838,750	(1,069,707)	—	—	—	—	—
US 5 Year Treasury Notes Future	879	93,441,821	(655,367)	—	—	—	—	—
US 2 Year Treasury Notes Future	314	64,561,344	28,722	—	—	—	—	—
US Ultra Bond Future	1,153	137,098,906	(4,539,058)	—	—	—	—	—
US 10 Year Ultra Bond Future	1,141	127,007,562	(1,737,475)	—	—	—	—	—
Grand Total - Open Futures Contracts	5,322	\$ 627,788,571	\$ (11,096,135)	\$ —	—	\$ —	\$ —	\$ —

	Long Contracts				Short Contracts			
	2023 Number of Contracts	2023 Aggregate Face Value	2023 Unrealized Gain	2023 Variation Margin	2023 Number of Contracts	2023 Aggregate Face Value	2023 Unrealized Loss	2023 Variation Margin
US Treasury Bond Future	685	\$ 85,582,188	\$ 6,743,015	\$ —	—	\$ —	\$ —	\$ —
US 10 Year Treasury Notes Future	692	78,120,313	2,745,982	—	—	—	—	—
US 5 Year Treasury Notes Future	846	92,022,329	2,278,688	—	—	—	—	—
US 2 Year Treasury Notes Future	301	61,980,133	655,431	—	—	—	—	—
US Ultra Bond Future	1,201	160,446,094	15,370,126	—	6	(801,563)	(55,686)	—
US 10 Year Ultra Bond Future	1,194	140,910,656	6,591,711	—	—	—	—	—
Grand Total - Open Futures Contracts	4,919	\$ 619,061,713	\$ 34,384,953	\$ —	6	\$ (801,563)	\$ (55,686)	\$ —

Options on Futures Contracts

The Howmet Master Trust may buy or sell options on futures contracts to capture value disparities between financial instruments. Options strategies may be used to improve yields and enhance performance of the fixed income portfolio. Options on futures contracts are purchased or sold on regulated futures exchanges.

Foreign Currency Forwards

The Howmet Master Trust may use foreign currency forwards to capture value disparities between the fixed income and currency markets. Currency forwards may be purchased or sold to enhance returns in the fixed income portfolio and are purchased or sold on regulated futures exchanges.

There were no year end holdings of Options on Futures Contracts and Foreign Currency Forwards as of December 31, 2024 and 2023, and there was no related activity activity during the year ended December 31, 2024,

The RMI Master Trust did not enter into contractual arrangements classified as derivatives in carrying out its investment strategy.

6. Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments that are attributable, under each Plan's provisions, to employees' service rendered to the benefit information date. Accumulated plan benefits comprise benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries.

**Employees' Retirement Plans of Howmet Aerospace Inc. and
Subsidiary Companies**
Notes to Financial Statements
December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The Plans' actuary made this determination.

Actuarial valuation results as of December 31, 2024 using census data as of January 1, 2024, as well as those as of December 31, 2023, using census data as of January 1, 2023, have been presented below using standard actuarial techniques, taking into account the occurrence of, if any, significant events during the course of the year and the changes made to actuarial assumptions.

Based upon actuarial estimates at December 31, 2024, the present value of accumulated plan benefits for each of the Plans is as follows:

Actuarial Present Value of Accumulated Plan Benefits at December 31, 2024				
	Vested Benefits of Participants Currently Receiving Benefits	Other Vested Benefits	Nonvested Benefits	Total Present Value of Accumulated Plan Benefits
Howmet Aerospace Retirement Plan	\$ 721,608,275	\$ 388,260,592	\$ 7,558,560	\$ 1,117,427,427
Muskegon Plan	31,060,969	9,257,926	19,321	40,338,216
RMI Hourly Plan	28,727,478	10,141,258	1,592,338	40,461,074

Based upon actuarial estimates at December 31, 2023, the present value of accumulated plan benefits for each of the Plans is as follows:

Actuarial Present Value of Accumulated Plan Benefits at December 31, 2023				
	Vested Benefits of Participants Currently Receiving Benefits	Other Vested Benefits	Nonvested Benefits	Total Present Value of Accumulated Plan Benefits
Howmet Aerospace Retirement Plan	\$ 732,192,932	\$ 330,802,339	\$ 4,829,989	\$ 1,067,825,260
Muskegon Plan	31,946,313	10,296,666	32,245	42,275,224
Howmet Merged Plan	25,682,358	87,903,921	1,558,753	115,145,032
RMI Hourly Plan	29,374,761	12,472,656	1,634,536	43,481,953

**Employees' Retirement Plans of Howmet Aerospace Inc. and
Subsidiary Companies**
Notes to Financial Statements
December 31, 2024 and 2023

The 2024 change in the actuarial present value of accumulated plan benefits resulted from the following:

	Actuarial Present Value of Accumulated Plan Benefits December 31, 2023	Assumption Changes Based on Experience Study	Plan Amendments	Change in Actuarial Discount Rate	Change in Actuarial 417(e) Interest and Mortality	Interest	Benefits Paid	Benefits Accumulated (A)	Other Experience (B)	Actuarial Present Value of Accumulated Plan Benefits December 31, 2024 Prior to Merger	Merger To/ From Howmet Merged Pension Plan	Actuarial Present Value of Accumulated Plan Benefits December 31, 2024 After Merger
Howmet Aerospace Retirement Plan	\$1,067,825,260	\$ (1,792)	\$ 430,729	\$(41,261,282)	\$3,859,237	\$52,753,685	\$(78,976,644)	\$ 1,505,832	\$(1,756,789)	\$1,004,378,236	\$113,049,191	\$1,117,427,427
Muskegon Plan	42,275,224	(155,816)	—	(1,431,815)	194,443	2,071,212	(3,326,461)	—	711,429	40,338,216	—	40,338,216
Howmet Merged Pension Plan	115,145,032	1,213,359	—	(4,100,876)	1,226,690	5,768,168	(4,971,020)	—	(1,232,162)	113,049,191	(113,049,191)	—
RMI Hourly Plan	43,481,953	(358,015)	—	(1,910,276)	—	2,153,781	(3,321,913)	339,084	76,460	40,461,074	—	40,461,074

(A) Consists of expected increase in benefits

(B) Consists of other demographic experience

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

The significant assumptions underlying the actuarial computations for the Plans at December 31, 2024 and 2023 are as follows:

Interest Rate

The following table lists the interest rates used for the Plans as of December 31, 2024 and 2023:

	2024	2023
Howmet Aerospace Retirement Plan	5.62 %	5.13 %
Muskegon Plan	5.58 %	5.10 %
Howmet Merged Plan	5.60 %	5.12 %
RMI Hourly Plan	5.66 %	5.15 %

The cash balance interest rate is 3.00% for both December 31, 2024 and 2023.

Life Expectancy of Participants

The following tables list the mortality tables used for the calculation of the Accumulated Plan Benefits and lump-sum distributions for each of the plans for the years ended December 31, 2024 and 2023:

Plan	Valuations
Howmet Aerospace Retirement Plan (salaried employees) Howmet Merged Plan (salaried employees)	For deaths after service retirement and deaths after disability retirement, PRI-2012 SOA Mortality Table (Total Dataset) with an adjustment based on the company's actual experience, with mortality improvement projected by the Buck Modified MP-2021 mortality improvement scale.
Howmet Aerospace Retirement Plan (hourly employees) Muskegon Plan Howmet Merged Plan (hourly employees) RMI Hourly Plan	For deaths after service retirement and deaths after disability retirement, PRI-2012 SOA Mortality Table (Blue Collar) with an adjustment based on the company's actual experience, with mortality improvement projected by the Buck Modified MP-2021 mortality improvement scale.

Plan	Lump Sum Distributions
Howmet Aerospace Retirement Plan (salaried employees) Howmet Merged Plan Muskegon Plan	Lump sum distributions are based on the PPA benefit calculated using modified segment rates and the Applicable Mortality Table as provided in Section 417(e)(3) of the Code.

Retirement

The assumed weighted average retirement age is:

Howmet Aerospace Retirement Plan	65
Howmet Merged Plan	65
Muskegon Plan	64
RMI Hourly Plan	63

7. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company that the Plans are qualified and the trusts established under the Plans are tax exempt under the appropriate sections of the Internal Revenue Code ("IRC").

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

The Plans have been amended since receiving the determination letters. However, the Plans' administrator and the Plans' tax counsel believe that the Plans are currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe the Plans were qualified and the related trusts were tax-exempt as of the financial statement's date.

Determination letters received were dated as follows:

Howmet Aerospace Retirement Plan	December 8, 2016
Muskegon Plan	July 21, 2017
RMI Hourly Plan	June 27, 2014

U.S. GAAP requires the Plans' management to evaluate tax positions taken by the Plans and recognize a tax liability (or asset) if the organization has taken an uncertain position that would not be sustained upon examination by the IRS. The Plans' administrator and its tax counsel have analyzed the tax positions taken by the Plans and have concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure to the financial statements. As such, no reserve is required under U.S. GAAP. The Plans are subject to audits by the IRS. The Plans' administrator and its tax counsel believe the Plans are no longer subject to IRS audits outside the statutory audit period.

8. Information Certified by the Plans' Trustee

The information included in the Plans' financial statements and Note 3 related to the Howmet Master Trust and RMI Master Trust was prepared by The Bank of New York Mellon, the Trustee of the Plans, as of December 31, 2024 and 2023 and for the year ended December 31, 2024 and furnished to the Plans' administrator. The Plans' administrator has obtained a certification from the Trustee that such information is complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

9. Related Party Transactions

The Plans invest in funds managed by The Bank of New York Mellon. The Bank of New York Mellon is the Trustee as defined by the Plans; therefore, these transactions, and expenses paid to The Bank of New York Mellon, qualify as party-in-interest transactions.

The Company makes funding contributions to the Plans; therefore, these transactions qualify as party-in-interest transactions.

10. Plan Specific Activities

On June 22, 2023, Howmet purchased group annuity contracts for \$20,021,149 from a third-party carrier to pay and administer future annuity payments related to the RMI Hourly Plan. On April 13, 2024, the Plan received a refund of \$868,942 related to these premium payments. The refund is reflected as Other receivable on the Statement of Individual Plan Net Assets available for benefits as of December 31, 2023.

Employees' Retirement Plans of Howmet Aerospace Inc. and Subsidiary Companies

Notes to Financial Statements

December 31, 2024 and 2023

On March 5, 2024, April 15, 2024, July 15, 2024, October 15, 2024, and December 20, 2024, Howmet made cash contributions of \$7,777, \$14,932,319, \$14,932,319, \$14,932,319 and \$16,000,000 to the Plans, respectively. All of these contributions are applied to the 2024 plan year and are reflected as Employer contributions on the Statement of Changes in Individual Plan Net Assets Available for Benefits.

11. Commitments and Contingencies

The Howmet Master Trust had capital commitments of \$17,736,134 at December 31, 2024 in relation to additional funding for Limited Partnerships in which it invests (See Note 4). The Limited Partnerships are classified as alternative investments within the Plans' interest in the Howmet Master Trust at fair value on the Statement of Individual Plan Net Assets Available for Benefits as of December 31, 2024.

The RMI Master Trust had no such capital commitments at December 31, 2024.

12. Subsequent Events

Management has evaluated the events and transactions that have occurred through September 29, 2025, the date the financial statements were available to be issued, and noted no items requiring adjustment of the financial statements or additional disclosures.

PENSION PLAN OF RMI TITANIUM COMPANY

EIN: 31-0875005

PN: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

Schedule SB, Part V – Summary of Plan Provisions

Participation

All hourly-paid employees in a bargaining unit covered by the Labor Agreement who were (1) hired before October 15, 2003, (2) have at least one year of continuous service and (3) attained age 21 years old.

Accrued Benefit

Consists of the applicable pension factor times years of credited service.

Effective Date	Pension Factor	
	First 15 Years of Service	For Service Years Over 15
January 1, 2007	\$ 34.50	\$ 40.00
February 2, 2008	36.00	45.00
January 1, 2012	50.00	50.00

Normal Retirement

Eligibility: Age 65 with 5 years of service.

Benefit: Accrued Benefit payable immediately.

Early Retirement (62/15)

Eligibility: Age 62 with 15 years of service.

Benefit: Accrued Benefit payable immediately.

Early Retirement (30-Year)

Eligibility: 30 years of service.

Benefit: Accrued Benefit plus a supplement necessary to bring the total benefit to \$1,800 per month until the age at which the participant is eligible for 80% of unreduced Social Security benefits.

Early Retirement (60/15)

Eligibility: Age 60 with 15 years of service.

Benefit: Accrued Benefit payable at age 62 or immediate pension equal to Accrued Benefit reduced from age 62 in accordance with the following:

<u>Age</u>	<u>Percentage</u>
60	83.82%
61	91.45%

70/80 Retirement

Eligibility: Age 55 and age plus service at least 70 or age plus service at least 80, with 15 years of service. Payable only if termination is due to layoff, shutdown or physical disability.

Benefit: Accrued Benefit payable immediately with an additional supplement of \$400 payable until age 62.

Special Payment

Eligibility: Any employee retiring under Normal, Early 60/15, Early 62/15, Early 30-Year, or 70/80.

Benefit: In lieu of 3 months pension, employee receives 13 weeks of vacation pay (14 weeks if participant is eligible for more than four weeks of vacation) minus any vacation pay received.

Disability

Eligibility: Permanently incapacitated and 15 or more years of service.

Benefit: Same as 70/80 Retirement except supplement is paid only if denied Social Security disability benefits.

Deferred Vested

Eligibility: 5 years of service.

Benefit: Accrued Benefit payable at age 65. If at least age 40 with 15 years of service at termination, then deferred to age 62.

Reduced benefits are payable as early as age 60, equal to the Accrued Benefit reduced by the following factors:

<u>Age</u>	<u>Percentage</u>
60	63.10%
61	68.85%
62	75.28%
63	82.53%
64	90.72%

Pre-retirement Death

- Eligibility:** Death after 5 years of service or death of a terminated vested before payments begin unless the automatic 50% spouse option has been revoked.
- Benefit:** Before Early Retirement: 50% of Accrued Benefit at death, reflecting a percentage option and early reduction. Payments commence on date Participant would have attained age 60.
- After Early Retirement but before Normal Retirement: 50% of Accrued Benefit at death, reflecting a percentage option and early reduction.
- After Normal Retirement: 50% of Accrued Benefit at death.

Surviving Spouse

- Eligibility:** Death of active participant with 15 years of service; or death of any retiree other than deferred vested.
- Benefit:** Death of active participant: 50% of Accrued Benefit as though participant retired on date of death without early retirement reduction. If under age 62, the participant's Accrued Benefit calculated as though they had been 62. Reduced by 50% of Surviving Spouse's Social Security benefit payable at age 60.
- Death of retiree: 50% of Accrued Benefit reduced for early retirement. Reduced by 50% of Surviving Spouse's Social Security benefit payable at age 60.
- Surviving spouse benefit must be at least \$200 before age 60 and \$150 at age 60.

Normal form of payment

If participant does not have an eligible spouse at retirement their benefit shall be paid in the form of a five-year certain and life annuity.

If participant has an eligible spouse at retirement the benefit shall be paid as a reduced five-year certain and 50% joint and survivor annuity.

Optional forms of payment

Five-year Certain and Joint and Survivor Annuities.

Contributions

All contributions to support the Plan are made by the Company.

Summary of Changes from the January 1, 2023 Valuation

None.

PENSION PLAN OF RMI TITANIUM COMPANY

EIN: 31-0875005

PN: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

Schedule SB, Line 26a–Schedule of Active Participant Data

Distributed by Age and Service as of January 1, 2024

AGE	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										
40 - 44										
45 - 49							6			
50 - 54							18			
55 - 59							11	4	3	
60 - 64							6	3	1	7
65 - 69							3	1		1
70+							1			

PENSION PLAN OF RMI TITANIUM COMPANY

EIN: 31-0875005

PN: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

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

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Funding and PBGC premium interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.87%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.09%	5.20%
Funding Rates – Unconstrained**		
First Segment Rate	3.62%	1.41%
Second Segment Rate	4.46%	3.09%
Third Segment Rate	4.52%	3.58%
Effective Interest Rate	4.42%	3.16%
PBGC Premium Funding Target Rates		
First Segment Rate	5.01%	4.84%
Second Segment Rate	5.13%	5.15%
Third Segment Rate	5.15%	4.85%
Effective Interest Rate	5.13%	5.02%

* Used for minimum funding and benefit restriction purposes

**Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative and investment related expenses to be paid from plan assets during the year.

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The demographic assumptions were based on an experience study completed in 2019 and the results were based on plan experience for the five-year period between 2014 and 2018. The process used to determine the expected long-term rate of return on assets relied on a combination of historical asset return information and forward-looking returns by asset class using information from various external investment managers and consultants. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

Expenses

Expected plan administrative and investment related expenses of \$350,000 (\$500,000 in 2023) were added to the Target Normal Cost, based on expenses paid in the prior year and estimated PBGC premiums to be paid in the current year.

Frequency of optional payment forms

It was assumed that 50% of actives elect a single life annuity at commencement and 50% of actives elect a 50% joint and survivor annuity. 100% of current deferred vested and future deaths elect a single life annuity.

Marital percentage

85% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Early Retirement rates

Age	Annual Rate of Early Retirement		
	60/15	62/15	30 Year
50			10.00%
51			7.00
52			7.00
53			7.00
54			7.00
55			7.00
56			7.00
57			7.00
58			7.00
59			7.00
60	7.00%		12.00
61	7.00		15.00
62		35.00%	
63		28.00	
64		28.00	

Normal Retirement rates

Age	Assumption
65	35.00%
66	35.00
67	20.00
68	20.00
69	25.00
70	100.00

Terminated vested participants are assumed to commence receiving benefits at Normal Retirement Age or the earliest age eligible for unreduced benefits.

Withdrawal rates for active participants not eligible for retirement

Age	Vesting	Disability
25	6.00%	0.05%
30	5.00	0.07
35	4.00	0.08
40	3.00	0.11
45	2.00	0.23
50	1.75	0.45
55	1.50	0.60
60	2.00	0.60

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2024 Expected Return	7.00%	5.59%	5.59%
2023 Expected Return	7.00%	5.74%	5.74%
2022 Expected Return	7.00%	5.92%	5.92%

Use of Models

Actuarial Standard of Practice No. 56 (“ASOP 56”) provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Buck uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Buck has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Buck also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

Assumptions Rationale

Actuarial standards of practice (“ASOPs”) 27 and 35 require the actuary to disclose the information and analysis used to support the actuary’s determination that each assumption that has a significant effect on the measurement is reasonable (if selected by the actuary) or does not significantly conflict with what, in the actuary’s professional judgement, is reasonable (if not selected by the actuary).

The significant demographic assumptions are mortality, retirement rates, disability rates, termination rates, assumed form of payment upon retirement, and marital assumptions. The mortality assumption used in the funding valuation reflects the mortality tables mandated by applicable law and regulation. The other significant assumptions were based on an Actuarial Assumption Experience Study performed in 2019 covering the 2014 - 2018 calendar years. We annually review all significant assumptions, along with recent experience, with the plan sponsor to confirm that no changes are needed each valuation cycle.

The material economic assumptions are the discount rate, salary increase rates and the expected return on assets. The discount rate used for Funding purposes are determined in accordance with the requirements of the Internal Revenue Code and associated regulations. Salary increase rates are based on the results of the 2019 assumption study. The plan sponsors confirmed that the results of the assumption study are consistent with their current expectations for future salary increases. The expected return on assets is based on an analysis conducted by the plan’s investment consultant within the latest year. Buck performed further analysis using internal software developed by their Financial Risk Management team that converts averages, standard deviations, and correlations from Buck’s Capital Markets Assumptions (“CMA”) that are used for stochastic forecasting into approximate percentile ranges for the arithmetic and geometric average returns. This simplified model (disclosed here under ASOP 56) ignores inter-period dependence and the skewed nature of single year returns. As such, it is intended to suggest possible reasonable ranges for EROA without attempting to predict or select a specific best estimate rate of return. However, it does take into account the duration (horizon) of investment and the approximate allocation of assets in the portfolio to various asset classes with different expected returns, standard deviations, and correlations to other asset classes. Based on this analysis, we believe the expected return on assets are reasonable for the purpose of these measurements.

Summary of Changes from the January 1, 2023 Valuation

Prescribed Assumptions: The interest rates were updated to the current rates as specified in the IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with the American Rescue Plan Act. The mortality tables have been updated to the tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis. The mortality improvement scale has been updated to the 2024 Adjusted Scale MP-2021 Rates in accordance with the requirements of the Internal Revenue Code and associated regulations.

These assumption changes increased the Funding Target approximately \$42,400.

Non-prescribed Assumptions: None.

PENSION PLAN OF RMI TITANIUM COMPANY

EIN: 31-0875005

PN: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

Schedule SB, Line 32 – Schedule of Amortization Bases

Shortfall Amortization

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2024	Initial Amount
January 1, 2023	Shortfall	14	206,229	2,160,761	2,251,886
January 1, 2024	Shortfall	15	<u>86,198</u>	<u>947,434</u>	947,434
Total			\$ 292,427	\$ 3,108,195	

PENSION PLAN OF RMI TITANIUM COMPANY

EIN: 31-0875005

PN: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

***Schedule SB, Line 15 – Reconciliation of Differences Between Valuation Results and Amounts
Used to Calculate AFTAP***

The enrolled actuary signed a 2024 AFTAP Certification on 12/27/2024. The AFTAP was 93.30% and was determined according to the following plan values. The assets and Funding Target are increased by annuity purchases for non-highly compensated employees during the preceding 2 years, which total \$452,685 for the 2 years preceding 2024.

Funding Target	\$	45,957,978
Actuarial Value of Assets	\$	45,513,986
Annuity Purchases During 2022 and 2023 Plan Years for NHCEs	\$	452,685
Adjusted Funding Target	\$	46,410,663
Adjusted Actuarial Value of Assets	\$	43,302,468
Prefunding Balance	\$	2,664,203
Funding Standard Carryover Balance	\$	0

PENSION PLAN OF RMI TITANIUM COMPANY

EIN: 31-0875005

PN: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

Schedule SB, Line 22–Description of Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
51	9.6815	0.0067	0.0653	3.3307
52	12.3777	0.0204	0.2526	13.1353
53	16.8233	0.0254	0.4269	22.6256
54	19.9762	0.0291	0.5818	31.4148
55	22.9132	0.0318	0.7293	40.1100
56	21.6390	0.0395	0.8550	47.8800
57	23.3004	0.0556	1.2952	73.8286
58	27.5586	0.0552	1.5213	88.2353
59	29.4981	0.0515	1.5202	89.6901
60	30.3691	0.0972	2.9508	177.0484
61	30.7861	0.1351	4.1596	253.7346
62	30.0949	0.3500	10.5332	653.0596
63	21.2559	0.2800	5.9516	374.9535
64	19.0803	0.2800	5.3425	341.9189
65	18.5304	0.3500	6.4856	421.5671
66	13.9449	0.3500	4.8807	322.1269
67	9.9812	0.2000	1.9962	133.7485
68	7.9199	0.2000	1.5840	107.7102
69	6.2797	0.2500	1.5699	108.3250
70	5.6613	1.0000	5.6613	396.2913
Total			58.3631	3,700.7344
	WARA:	Total (5) / Total (4)=		63.41 years

Note: The table presents values rounded to fewer significant digits than used in the calculations.

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

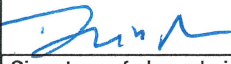
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan PENSION PLAN OF RMI TITANIUM COMPANY	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	09/08/1956
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) RMI TITANIUM CO., LLC HOWMET AEROSPACE INC. 201 ISABELLA STREET, SUITE 200 PITTSBURGH PA 15212-5872	2b Employer Identification Number (EIN)	31-0875005
	2c Plan Sponsor's telephone number	412-553-4545
	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		<u>10-2-25</u>	DAVID ADAMS
	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 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	300
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	65
a (2) Total number of active participants at the end of the plan year	6a(2)	59
b Retired or separated participants receiving benefits	6b	179
c Other retired or separated participants entitled to future benefits	6c	41
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	279
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	19
f Total. Add lines 6d and 6e	6f	298
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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**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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

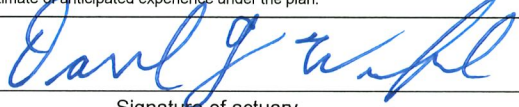
A Name of plan PENSION PLAN OF RMI TITANIUM COMPANY		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RMI TITANIUM COMPANY LLC		D Employer Identification Number (EIN) 31-0875005	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a		41,376,351
b Actuarial value	2b		45,513,986
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	194	31,230,126	31,230,126
b For terminated vested participants	41	2,558,624	2,558,624
c For active participants	65	10,617,487	12,169,228
d Total	300	44,406,237	45,957,978
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
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		5.09%
6 Target normal cost			
a Present value of current plan year accruals	6a		335,985
b Expected plan-related expenses	6b		350,000
c Target normal cost	6c		685,985

Statement by Enrolled Actuary

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

SIGN HERE		<u>9/4/25</u>
	Signature of actuary	Date
	DAVID WOELFEL	2306833
	Type or print name of actuary	Most recent enrollment number
	BUCK GLOBAL, LLC	724-831-6018
	Firm name	Telephone number (including area code)
	444 LIBERTY AVENUE SUITE 805 PITTSBURGH PA 15222-1226	
	Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

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	3,590,116
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,082,867
9	Amount remaining (line 7 minus line 8)	0	2,507,249
10	Interest on line 9 using prior year's actual return of <u>6.26</u> %	0	156,954
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	2,664,203

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.23 %
15	Adjusted funding target attainment percentage	15	93.30 %
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	96.65 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 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** 685,985

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3,108,195	292,427
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** 978,412

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		978,412	978,412

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)..... **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under 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