

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special 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: LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1961
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 38-1214489
2c Plan Sponsor's telephone number
2d Business code (see instructions): 332900

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	191
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	6
	<b>6a(2)</b>	6
	<b>6b</b>	77
	<b>6c</b>	70
	<b>6d</b>	153
	<b>6e</b>	35
	<b>6f</b>	188
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

---

**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 \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

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.

<b>A</b> Name of plan <u>LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LIGHT METALS CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1214489</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>6981217</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>7159802</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>113</u>	<u>5909465</u>
	<b>b</b> For terminated vested participants .....	<u>77</u>	<u>1963003</u>
	<b>c</b> For active participants .....	<u>6</u>	<u>358165</u>
	<b>d</b> Total .....	<u>196</u>	<u>8230633</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.11 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>69359</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>69359</u>

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

<b>SIGN HERE</b>  Signature of actuary  <u>TROY A. SCHNABEL, ASA, MAAA</u> Type or print name of actuary  <u>WAKTINS, ROSS &amp; CO.</u> Firm name  <u>200 OTTAWA AVENUE N.W. SUITE 600</u> <u>GRAND RAPIDS, MI 49503-2426</u>  Address of the firm	<u>08/18/2025</u> Date  <u>23-06116</u> Most recent enrollment number  <u>616-456-9696</u> Telephone number (including area code)
--	--

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....		
<b>10</b>	Interest on line 9 using prior year's actual return of <u>14.09</u> % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		57
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18</u> % .....		3
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		60
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	86.98 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	86.98 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	85.97 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/15/2024	46859	0					
07/05/2024	46859	0					
10/04/2024	46859	0					
01/10/2025	46859	0					
08/14/2025	30073	0					
			<b>Totals ▶</b>	<b>18(b)</b>	217509	<b>18(c)</b>	

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0	
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0	
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	209258	
<b>20</b>	Quarterly contributions and liquidity shortfalls:			
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>b</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	
<b>c</b>	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	

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 60
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 69359
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	1070831		139778	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 209137
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 209137
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 209258
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 121
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

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

<b>A</b> Name of plan <b>LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LIGHT METALS CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1214489</b>	

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

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

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

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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)

WATKINS ROSS

38-1477362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	36062	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIANCE INVESTMENT MANAGEMENT

80-1521588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	22076	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANKERS TRUST

42-0127385

(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?
25	TRUSTEE	20545	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

HUNGERFORD

38-2184825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	10500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LIGHT METALS CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1214489</b>

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

**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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	86112 76932
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	356769 301067
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	6540081 6851836
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	6982962	7229835
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	10005	18960
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	10005	18960
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	6972957	7210875

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	217509	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		217509
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	218313	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		218313
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		541201
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		977023

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	649922	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		649922
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	10500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	22076	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	20545	
(8) Legal fees .....	<b>2i(8)</b>	36062	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		89183
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		739105

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		237918
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **HUNGERFORD**

(2) EIN: **38-2184825**

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

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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.)

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559702.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

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

<b>A</b> Name of plan <u>LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LIGHT METALS CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1214489</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-3060382</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% 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 \_\_\_\_\_.

# **LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN**

## **FINANCIAL STATEMENTS**

For the years ended  
December 31, 2024 and 2023

# TABLE OF CONTENTS

---

<b>INDEPENDENT AUDITOR'S REPORT .....</b>	<b>1</b>
<b>FINANCIAL STATEMENTS</b>	
Statements of Net Assets Available for Benefits .....	6
Statements of Changes in Net Assets Available for Benefits .....	7
Notes to Financial Statements .....	8
<b>SUPPLEMENTAL SCHEDULES</b>	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) .....	16
Schedule H, Line 4j - Schedule of Reportable Transactions .....	17

**INDEPENDENT AUDITOR'S REPORT**

September 25, 2025

To the Plan Administrator of  
Light Metals Corporation  
UAW Retirement Income Plan  
Wyoming, Michigan

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

We have performed audits of the financial statements of Light Metals Corporation UAW Retirement Income Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Light Metals Corporation UAW Retirement Income Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor'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 years then ended, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

## **Opinion**

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

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

## **Basis for Opinion**

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

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these 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 financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Light Metals Corporation UAW Retirement Income Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Light Metals Corporation UAW Retirement Income Plan's ability to continue as a going concern for a reasonable period of time.

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

***Other Matter***

***Supplemental Schedules Required by ERISA***

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Certified Public Accountants  
Grand Rapids, Michigan

---

## **FINANCIAL STATEMENTS**

---

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

### LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN

December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments at fair value:		
Mutual funds	\$ 6,851,836	\$ 6,540,081
Money market fund	301,067	356,769
	<hr/>	<hr/>
Total investments	7,152,903	6,896,850
Receivables:		
Employer contributions	76,932	86,112
	<hr/>	<hr/>
<b>Total Assets</b>	7,229,835	6,982,962
<b>Liabilities</b>		
Accrued expenses	18,960	10,005
	<hr/>	<hr/>
<b>Net Assets Available for Benefits</b>	<b>\$ 7,210,875</b>	<b>\$ 6,972,957</b>

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

### LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN

For the years ended December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>Additions to Net Assets Attributed to:</b>		
Investment income:		
Interest and dividends	\$ 218,313	\$ 191,943
Net appreciation in fair value of investments	541,201	730,488
Other income	-	2,120
	<hr/>	<hr/>
Total investment income	759,514	924,551
Employer contributions	217,509	195,947
	<hr/>	<hr/>
<b>Total Additions</b>	977,023	1,120,498
<b>Deductions from Net Assets Attributed to:</b>		
Benefit payments	649,922	668,257
Administrative expenses	89,183	83,437
	<hr/>	<hr/>
<b>Total Deductions</b>	739,105	751,694
	<hr/>	<hr/>
<b>Net Increase</b>	237,918	368,804
<b>Net Assets Available for Benefits:</b>		
Beginning of year	6,972,957	6,604,153
	<hr/>	<hr/>
End of year	<b>\$ 7,210,875</b>	<b>\$ 6,972,957</b>
	<hr/> <hr/>	<hr/> <hr/>

## NOTES TO FINANCIAL STATEMENTS

---

### LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN

December 31, 2024 and 2023

#### **Note A – Description of the Plan**

The following brief description of the Light Metals Corporation UAW Retirement Income Plan (Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

#### **General**

The Plan is a noncontributory defined benefit plan that covers employees of Light Metals Corporation (Company) who are members of the collective bargaining unit represented by Local 19, UAW, and International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (Union). The Plan provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Eligibility**

Eligible employees hired on or before October 31, 2004 became participants on the date they became employed in a position covered by the collective bargaining agreement. Plan participation was frozen on October 31, 2004; therefore, no additional employees will become eligible to participate in the Plan.

#### **Contributions and Benefits**

There are no employee contributions allowed under the Plan. Provisions of the collective bargaining agreement require the Company to contribute to the Plan the greater of ERISA funding requirements or an amount specified in the agreement.

Effective July 11, 2010, the Company elected to freeze all benefit accruals. No new benefits will be accrued under the Plan after this date.

The normal monthly retirement benefit is calculated as years of benefit service multiplied by an amount per year based on year of retirement, as stated in the plan document. Normal retirement age is 65. The normal benefit is adjusted for early or late retirement, disability, or upon the participant's death, as stated in the plan document.

The normal retirement benefit is payable as a monthly annuity payable for life for single participants and a joint and 55% survivor annuity for married participants.

An additional lump sum retirement benefit is available for retirees with five or more years of credited service who satisfy certain requirements during the year of retirement. The benefit is calculated as years of benefit service multiplied by an amount per year based on year of retirement.

#### **Vesting**

Benefits accrued within the Plan become fully vested upon the participant's completion of five years of service with the Company, as defined.

## NOTES TO FINANCIAL STATEMENTS

---

### LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN

December 31, 2024 and 2023

#### **Note A – Description of the Plan (Continued)**

##### **Plan Operations**

The Company has appointed Bankers Trust Company (Trustee) to serve as Trustee and the Company to act as plan administrator. The Trustee is responsible for holding the investment assets of the Plan, executing investment transactions, and making distributions to participants. The plan administrator interprets and communicates the provisions of the Plan, ensures that all government and participant reporting requirements are fulfilled, and approves all distributions from the Plan to participants. The Plan's fiduciary committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment strategy, and monitors investment performance.

##### **Administrative Expenses**

Certain trustee, investment management, and professional fees are paid by the Plan and are based on reasonable and customary rates. Certain other costs and expenses incurred with the operation of the Plan are borne by the Company. Expenses are recorded as incurred.

#### **Note B – Summary of Accounting Policies**

##### **Basis of Accounting**

The accompanying financial statements are prepared using the accrual basis of accounting.

##### **Use of Estimates**

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

##### **Investment Valuation and Income Recognition**

Investments are reported in the Plan's financial statements 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 C for discussion of fair value measurements.

Net realized and unrealized appreciation or depreciation in the aggregate current value of investments included in the statements of changes in net assets available for benefits is composed of realized gains or losses on sales of investments and unrealized gains or losses resulting from changes in the aggregate current value of investments. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded as it is earned. Dividends are recorded on the ex-dividend date. Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

## NOTES TO FINANCIAL STATEMENTS

### LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN

December 31, 2024 and 2023

#### **Note B – Summary of Accounting Policies (Continued)**

##### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits (see Note F) are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The accumulated plan benefits for active employees are based on the employees' years of credited service as of the valuation dates (January 1, 2024 and 2023). Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the valuation as of January 1, 2024 were (a) life expectancy of participants as prescribed by RP-2014 adjusted to 2006 base mortality rates (non-annuitant tables) projected from valuation date with improvement scale MP-2020, (b) retirement age-specific rates for ages 55-65, (c) marital status (80% of male participants and 70% of female participants are assumed to be married and the female spouse is assumed to be three years younger than the male spouse), and (d) effective interest rate of 5.11%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Changes to actuarial assumptions from those used in the prior year include: The mortality tables are adjusted for the prescribed changes from January 1, 2023 to January 1, 2024 and the effective interest rate decreased from 5.18% to 5.11%.

##### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

##### **Subsequent Events**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through September 25, 2025, which is the date the financial statements were available to be issued.

## NOTES TO FINANCIAL STATEMENTS

### LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN

December 31, 2024 and 2023

#### **Note C – Fair Value Measurements**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

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

Level 2 – inputs to the valuation methodology include:

- quoted prices for similar assets and liabilities in active markets,
- quoted prices for identical or similar assets and liabilities in markets that are not active,
- other inputs that are observable or can be corroborated by observable market data,
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – inputs are generally unobservable and significant to the fair value measurement. Such inputs typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability, including certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

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.

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

*Mutual funds and money market funds:* Valued based on quoted net asset values of the shares held by the Plan on the last business day of the plan year.

## NOTES TO FINANCIAL STATEMENTS

### LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN

December 31, 2024 and 2023

#### **Note C – Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b><u>December 31, 2024</u></b>				
Mutual funds	\$ 6,851,836	\$ -	\$ -	\$ 6,851,836
Money market fund	301,067	-	-	301,067
	<u>\$ 7,152,903</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,152,903</u>
<b><u>December 31, 2023</u></b>				
Mutual funds	\$ 6,540,081	\$ -	\$ -	\$ 6,540,081
Money market fund	356,769	-	-	356,769
	<u>\$ 6,896,850</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,896,850</u>

#### **Note D – Risks and Uncertainties**

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and 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 in the near-term would be material to the financial statements.

#### **Note E – Information Certified by Trustee**

All investment information disclosed in the accompanying financial statements and supplemental schedules including investments held and accrued income at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

## NOTES TO FINANCIAL STATEMENTS

### LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN

December 31, 2024 and 2023

#### **Note F – Accumulated Plan Benefits and Funding Policy**

Actuarial valuations of the Plan were made as of January 1, 2024 and 2023. Accumulated plan benefits at these dates are set forth in the following table:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 5,909,465	\$ 6,186,120
Other vested benefits	2,313,503	2,299,879
	<u>8,222,968</u>	<u>8,485,999</u>
Nonvested benefits	7,665	7,405
	<u>8,230,633</u>	<u>8,493,404</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 8,230,633</u>	<u>\$ 8,493,404</u>

Changes in accumulated plan benefits for the periods ended January 1, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 8,493,404	\$ 8,601,859
Increase (decrease) during the year due to:		
Decrease in the discount period	439,958	460,199
Actual benefits paid	(668,257)	(680,221)
Changes in actuarial assumptions	(7,078)	153,977
Actuarial gains	(27,394)	(42,410)
	<u>8,230,633</u>	<u>8,493,404</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 8,230,633</u>	<u>\$ 8,493,404</u>

It is the sponsor's policy to fund the Plan as required by ERISA. Minimum contributions required for the years ended December 31, 2024 and 2023 were \$217,509 and \$195,947, respectively.

#### **Note G – Party-in-Interest Transactions**

Fees paid to parties-in-interest for services rendered were \$89,183 and \$83,437 for the years ended December 31, 2024 and 2023, respectively. Such fees were based on reasonable and customary rates.

## NOTES TO FINANCIAL STATEMENTS

---

### LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN

December 31, 2024 and 2023

#### **Note H – Plan Termination**

The Plan was designed to satisfy a contractual obligation of a collective bargaining agreement. It is unlikely that the Plan will be discontinued upon expiration of the agreement. Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Pension benefits that commenced three or more years prior to termination of the Plan.
- b. Benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC).
- c. To participants who could have elected to receive pension benefits as of the termination date.
- d. All other vested benefits.
- e. All non-vested benefits.

Generally, the PBGC guarantees the payments of all nonforfeitable basic benefits, subject to certain limitations prescribed by ERISA. Whether all participants receive their benefits should the Plan terminate at some further time will depend upon the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

#### **Note I – Tax Status**

The Plan obtained its latest determination letter dated November 12, 2015, in which the Internal Revenue Service stated that the Plan, as designed, is in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

---

## **SUPPLEMENTAL SCHEDULES**

---

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

**LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN**

December 31, 2024

EIN 38-1214489

PN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b>Money Market Funds:</b>				
	Goldman Sachs Financial Square Govt Fund Instl	301,067 units	\$ 301,067	\$ 301,067
<b>Mutual Funds:</b>				
	Frost Total Return Bond Fund	37,473 units	350,000	362,741
	Guggenheim Total Return Bond Fund	12,085 units	200,000	194,079
	Performance Trust Strategic Bond Fund	26,952 units	511,675	525,571
	Vanguard Core Bond Fund	45,627 units	833,000	807,603
	Vanguard Short-Term Investment Grade Fund	40,759 units	409,214	420,223
	Schwab S&P 500 Index Fund	19,102 units	1,409,040	1,724,418
	Schwab US Dividend Equity ETF	33,900 units	841,470	926,148
	DFA Emerging Markets Core Equity Portfolio	5,977 units	115,127	139,135
	DFA International Core Equity Portfolio	14,858 units	179,960	229,104
	Goldman Sachs GQG Partners International Opportunities Fund	14,295 units	261,932	279,606
	T Rowe Price Capital Appreciation Fund	35,920 units	1,213,390	1,243,208
			<u>6,324,808</u>	<u>6,851,836</u>
<b>Total</b>			<u><b>\$ 6,625,875</b></u>	<u><b>\$ 7,152,903</b></u>

## Reportable Transactions by Broker 5%

 EIN 38-1214489  
 PN 001

 Beginning Market Value: \$6,896,850.37  
 Comparative Value (5%): \$344,842.52

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<i>SIDCO/VIRTU 69235</i>					
<b>Purchases</b>					
February 13, 2024	Purchase 5,300.00 Shares of Schwab US Dividend	5,300.00	405,332.34	405,332.34	
February 15, 2024	Equity ETF @ \$76.4678				
<b>Total Purchases</b>			<b>\$405,332.34</b>	<b>\$405,332.34</b>	<b>\$0.00</b>
<b>Sales</b>					
April 24, 2024	Sale 645.00 Shares of Schwab US Dividend Equity	645.00	50,207.50	47,413.95	2,793.55
April 26, 2024	ETF @ \$77.8517				
July 15, 2024	Sale 1,055.00 Shares of Schwab US Dividend Equity	1,055.00	84,673.85	77,553.05	7,120.80
July 16, 2024	ETF @ \$80.2718				
<b>Total Sales</b>			<b>\$134,881.35</b>	<b>\$124,967.00</b>	<b>\$9,914.35</b>
<b>Total SIDCO/VIRTU 69235</b>			<b>\$540,213.69</b>	<b>\$530,299.34</b>	<b>\$9,914.35</b>

## Reportable Transactions by Issue 5%

 EIN 38-1214489  
 PN 001

 Beginning Market Value: \$6,896,850.37  
 Comparative Value (5%): \$344,842.52

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<i>DFA US Core Equity 2 Portfolio</i>					
<b>Sales</b>					
February 8, 2024	Sale 38,799.926 Units of DFA US Core Equity 2	38,799.926	1,298,245.53	877,070.69	421,174.84
February 9, 2024	Portfolio @ \$33.46				
<b>Total Sales</b>			<b>\$1,298,245.53</b>	<b>\$877,070.69</b>	<b>\$421,174.84</b>
<b>Total DFA US Core Equity 2 Portfolio</b>			<b>\$1,298,245.53</b>	<b>\$877,070.69</b>	<b>\$421,174.84</b>
<i>Goldman Sachs Financial Square Government Fund</i>					
<b>Purchases</b>					
January 2, 2024	Purchase 1,476.33 Units of Goldman Sachs	1,476.33	1,476.33	1,476.33	
January 2, 2024	Financial Square Government Fund @ \$1.00				
January 22, 2024	Purchase 36,578.00 Units of Goldman Sachs	36,578.00	36,578.00	36,578.00	
January 22, 2024	Financial Square Government Fund @ \$1.00				
January 24, 2024	Purchase 557.61 Units of Goldman Sachs Financial	557.61	557.61	557.61	
January 24, 2024	Square Government Fund @ \$1.00				
January 31, 2024	Purchase 1,562.63 Units of Goldman Sachs	1,562.63	1,562.63	1,562.63	
January 31, 2024	Financial Square Government Fund @ \$1.00				
February 1, 2024	Purchase 1,388.72 Units of Goldman Sachs	1,388.72	1,388.72	1,388.72	
February 1, 2024	Financial Square Government Fund @ \$1.00				
February 9, 2024	Purchase 1,298,245.53 Units of Goldman Sachs	1,298,245.53	1,298,245.53	1,298,245.53	
February 9, 2024	Financial Square Government Fund @ \$1.00				
February 29, 2024	Purchase 1,555.14 Units of Goldman Sachs	1,555.14	1,555.14	1,555.14	
February 29, 2024	Financial Square Government Fund @ \$1.00				
March 1, 2024	Purchase 1,880.44 Units of Goldman Sachs	1,880.44	1,880.44	1,880.44	
March 1, 2024	Financial Square Government Fund @ \$1.00				
March 8, 2024	Purchase 337.08 Units of Goldman Sachs Financial	337.08	337.08	337.08	
March 8, 2024	Square Government Fund @ \$1.00				
March 25, 2024	Purchase 7,943.00 Units of Goldman Sachs	7,943.00	7,943.00	7,943.00	
March 25, 2024	Financial Square Government Fund @ \$1.00				

## Reportable Transactions by Issue 5% (continued)

 EIN 38-1214489  
 PN 001

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<b>Purchases (continued)</b>					
March 28, 2024 March 28, 2024	Purchase 1,465.20 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,465.20	1,465.20	1,465.20	
April 1, 2024 April 1, 2024	Purchase 1,001.77 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,001.77	1,001.77	1,001.77	
April 22, 2024 April 22, 2024	Purchase 46,859.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	46,859.00	46,859.00	46,859.00	
April 25, 2024 April 25, 2024	Purchase 50,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	50,000.00	50,000.00	50,000.00	
April 26, 2024 April 26, 2024	Purchase 50,207.50 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	50,207.50	50,207.50	50,207.50	
April 30, 2024 April 30, 2024	Purchase 1,686.30 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,686.30	1,686.30	1,686.30	
May 1, 2024 May 1, 2024	Purchase 3,157.41 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	3,157.41	3,157.41	3,157.41	
May 1, 2024 May 1, 2024	Purchase 886.62 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	886.62	886.62	886.62	
May 31, 2024 May 31, 2024	Purchase 1,630.09 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,630.09	1,630.09	1,630.09	
June 3, 2024 June 3, 2024	Purchase 1,185.16 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,185.16	1,185.16	1,185.16	
June 7, 2024 June 7, 2024	Purchase 887.20 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	887.20	887.20	887.20	
June 28, 2024 June 28, 2024	Purchase 1,401.50 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,401.50	1,401.50	1,401.50	
July 1, 2024 July 1, 2024	Purchase 10,181.76 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	10,181.76	10,181.76	10,181.76	
July 1, 2024 July 1, 2024	Purchase 957.31 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	957.31	957.31	957.31	

## Reportable Transactions by Issue 5% (continued)

 EIN 38-1214489  
 PN 001

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<b>Purchases (continued)</b>					
July 15, 2024 July 15, 2024	Purchase 46,859.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	46,859.00	46,859.00	46,859.00	
July 16, 2024 July 16, 2024	Purchase 84,673.85 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	84,673.85	84,673.85	84,673.85	
July 31, 2024 July 31, 2024	Purchase 1,521.41 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,521.41	1,521.41	1,521.41	
August 1, 2024 August 1, 2024	Purchase 1,078.76 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,078.76	1,078.76	1,078.76	
August 30, 2024 August 30, 2024	Purchase 1,487.69 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,487.69	1,487.69	1,487.69	
September 3, 2024 September 3, 2024	Purchase 254,455.22 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	254,455.22	254,455.22	254,455.22	
September 3, 2024 September 3, 2024	Purchase 995.60 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	995.60	995.60	995.60	
September 13, 2024 September 13, 2024	Purchase 49,534.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	49,534.00	49,534.00	49,534.00	
September 30, 2024 September 30, 2024	Purchase 1,738.76 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,738.76	1,738.76	1,738.76	
October 1, 2024 October 1, 2024	Purchase 8,525.85 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	8,525.85	8,525.85	8,525.85	
October 1, 2024 October 1, 2024	Purchase 3,066.16 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	3,066.16	3,066.16	3,066.16	
October 1, 2024 October 1, 2024	Purchase 1,317.23 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,317.23	1,317.23	1,317.23	
October 7, 2024 October 7, 2024	Purchase 46,859.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	46,859.00	46,859.00	46,859.00	
October 31, 2024 October 31, 2024	Purchase 1,588.87 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,588.87	1,588.87	1,588.87	

## Reportable Transactions by Issue 5% (continued)

 EIN 38-1214489  
 PN 001

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<b>Purchases (continued)</b>					
November 1, 2024 November 1, 2024	Purchase 1,344.28 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,344.28	1,344.28	1,344.28	
November 29, 2024 November 29, 2024	Purchase 1,349.04 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,349.04	1,349.04	1,349.04	
December 2, 2024 December 2, 2024	Purchase 1,066.52 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,066.52	1,066.52	1,066.52	
December 16, 2024 December 16, 2024	Purchase 8,966.55 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	8,966.55	8,966.55	8,966.55	
December 16, 2024 December 16, 2024	Purchase 21,198.48 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	21,198.48	21,198.48	21,198.48	
December 20, 2024 December 20, 2024	Purchase 28,365.85 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	28,365.85	28,365.85	28,365.85	
December 23, 2024 December 23, 2024	Purchase 6,396.91 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	6,396.91	6,396.91	6,396.91	
December 24, 2024 December 24, 2024	Purchase 3,522.43 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	3,522.43	3,522.43	3,522.43	
December 31, 2024 December 31, 2024	Purchase 1,997.32 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,997.32	1,997.32	1,997.32	
<b>Total Purchases</b>			<b>\$2,100,940.08</b>	<b>\$2,100,940.08</b>	<b>\$0.00</b>
<b>Sales</b>					
January 2, 2024 January 2, 2024	Sale 54,171.86 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	54,171.86	54,171.86	54,171.86	
January 19, 2024 January 19, 2024	Sale 10,004.80 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	10,004.80	10,004.80	10,004.80	
February 1, 2024 February 1, 2024	Sale 51,347.01 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	51,347.01	51,347.01	51,347.01	
February 12, 2024 February 12, 2024	Sale 900,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	900,000.00	900,000.00	900,000.00	

## Reportable Transactions by Issue 5% (continued)

 EIN 38-1214489  
 PN 001

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<b>Sales (continued)</b>					
February 15, 2024 February 15, 2024	Sale 405,332.34 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	405,332.34	405,332.34	405,332.34	
February 21, 2024 February 21, 2024	Sale 1,169.55 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,169.55	1,169.55	1,169.55	
March 1, 2024 March 1, 2024	Sale 50,942.16 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	50,942.16	50,942.16	50,942.16	
March 6, 2024 March 6, 2024	Sale 1,775.80 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	1,775.80	1,775.80	1,775.80	
March 26, 2024 March 26, 2024	Sale 5,382.64 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	5,382.64	5,382.64	5,382.64	
April 1, 2024 April 1, 2024	Sale 50,793.96 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	50,793.96	50,793.96	50,793.96	
April 17, 2024 April 17, 2024	Sale 10,486.43 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	10,486.43	10,486.43	10,486.43	
May 1, 2024 May 1, 2024	Sale 54,083.69 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	54,083.69	54,083.69	54,083.69	
June 3, 2024 June 3, 2024	Sale 51,441.10 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	51,441.10	51,441.10	51,441.10	
July 1, 2024 July 1, 2024	Sale 50,585.84 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	50,585.84	50,585.84	50,585.84	
July 26, 2024 July 26, 2024	Sale 39,546.38 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	39,546.38	39,546.38	39,546.38	
August 1, 2024 August 1, 2024	Sale 50,996.49 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	50,996.49	50,996.49	50,996.49	
September 4, 2024 September 4, 2024	Sale 100,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	100,000.00	100,000.00	100,000.00	
September 5, 2024 September 5, 2024	Sale 100,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	100,000.00	100,000.00	100,000.00	

## Reportable Transactions by Issue 5% (continued)

 EIN 38-1214489  
 PN 001

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<b>Sales (continued)</b>					
October 1, 2024 October 1, 2024	Sale 54,424.60 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	54,424.60	54,424.60	54,424.60	
November 1, 2024 November 1, 2024	Sale 49,165.01 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	49,165.01	49,165.01	49,165.01	
November 6, 2024 November 6, 2024	Sale 9,125.14 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	9,125.14	9,125.14	9,125.14	
November 6, 2024 November 6, 2024	Sale 5,682.41 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	5,682.41	5,682.41	5,682.41	
December 2, 2024 December 2, 2024	Sale 50,184.81 Units of Goldman Sachs Financial Square Government Fund @ \$1.00	50,184.81	50,184.81	50,184.81	
<b>Total Sales</b>			<b>\$2,156,642.02</b>	<b>\$2,156,642.02</b>	<b>\$0.00</b>
<b>Total Goldman Sachs Financial Square Government Fund</b>			<b>\$4,257,582.10</b>	<b>\$4,257,582.10</b>	<b>\$0.00</b>
<i>Schwab S&amp;P 500 Index Fund</i>					
<b>Purchases</b>					
February 9, 2024 February 12, 2024	Purchase 11,668.612 Units of Schwab S&P 500 Index Fund @ \$77.13	11,668.612	900,000.00	900,000.00	
<b>Total Purchases</b>			<b>\$900,000.00</b>	<b>\$900,000.00</b>	<b>\$0.00</b>
<b>Sales</b>					
August 30, 2024 September 3, 2024	Sale 3,491.70 Units of Schwab S&P 500 Index Fund @ \$87.35	3,491.70	305,000.00	240,960.08	64,039.92
<b>Total Sales</b>			<b>\$305,000.00</b>	<b>\$240,960.08</b>	<b>\$64,039.92</b>
<b>Total Schwab S&amp;P 500 Index Fund</b>			<b>\$1,205,000.00</b>	<b>\$1,140,960.08</b>	<b>\$64,039.92</b>
<i>Schwab US Dividend Equity ETF</i>					
<b>Purchases</b>					
February 13, 2024 February 15, 2024	Purchase 5,300.00 Shares of Schwab US Dividend Equity ETF @ \$76.4678	5,300.00	405,332.34	405,332.34	
<b>Total Purchases</b>			<b>\$405,332.34</b>	<b>\$405,332.34</b>	<b>\$0.00</b>

## Reportable Transactions by Issue 5% (continued)

 EIN 38-1214489  
 PN 001

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<b>Sales</b>					
April 24, 2024	Sale 645.00 Shares of Schwab US Dividend Equity	645.00	50,207.50	47,413.95	2,793.55
April 26, 2024	ETF @ \$77.8517				
July 15, 2024	Sale 1,055.00 Shares of Schwab US Dividend Equity	1,055.00	84,673.85	77,553.05	7,120.80
July 16, 2024	ETF @ \$80.2718				
<b>Total Sales</b>			<b>\$134,881.35</b>	<b>\$124,967.00</b>	<b>\$9,914.35</b>
<b>Total Schwab US Dividend Equity ETF</b>			<b>\$540,213.69</b>	<b>\$530,299.34</b>	<b>\$9,914.35</b>

## 5% Single Reportable Transactions By Broker

 EIN 38-1214489  
 PN 001

 Beginning Market Value: \$6,896,850.37  
 Comparative Value (5%): \$344,842.52

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<i>SIDCO/VIRTU 69235</i>					
<b>Purchases</b>					
February 13, 2024	Purchase 5,300.00 Shares of Schwab US Dividend	5,300.00	405,332.34	405,332.34	
February 15, 2024	Equity ETF @ \$76.4678				
<b>Total Purchases</b>			<b>\$405,332.34</b>	<b>\$405,332.34</b>	<b>\$0.00</b>
<b>Total SIDCO/VIRTU 69235</b>			<b>\$405,332.34</b>	<b>\$405,332.34</b>	<b>\$0.00</b>
February 9, 2024	Purchase 1,298,245.53 Units of Goldman Sachs	1,298,245.53	1,298,245.53	1,298,245.53	
February 9, 2024	Financial Square Government Fund @ \$1.00				
February 9, 2024	Purchase 11,668.612 Units of Schwab S&P 500	11,668.612	900,000.00	900,000.00	
February 12, 2024	Index Fund @ \$77.13				
February 8, 2024	Sale 38,799.926 Units of DFA US Core Equity 2	38,799.926	1,298,245.53	877,070.69	421,174.84
February 9, 2024	Portfolio @ \$33.46				
February 12, 2024	Sale 900,000.00 Units of Goldman Sachs Financial	900,000.00	900,000.00	900,000.00	
February 12, 2024	Square Government Fund @ \$1.00				
February 15, 2024	Sale 405,332.34 Units of Goldman Sachs Financial	405,332.34	405,332.34	405,332.34	
February 15, 2024	Square Government Fund @ \$1.00				

## Reportable Transactions by Transaction 5%

 EIN 38-1214489  
 PN 001

 Beginning Market Value: \$6,896,850.37  
 Comparative Value (5%): \$344,842.52

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<i>DFA US Core Equity 2 Portfolio</i>					
<b>Sales</b>					
February 8, 2024	Sale 38,799.926 Units of DFA US Core Equity 2	38,799.926	1,298,245.53	877,070.69	421,174.84
February 9, 2024	Portfolio @ \$33.46				
<b>Total Sales</b>			<b>\$1,298,245.53</b>	<b>\$877,070.69</b>	<b>\$421,174.84</b>
<b>Total DFA US Core Equity 2 Portfolio</b>			<b>\$1,298,245.53</b>	<b>\$877,070.69</b>	<b>\$421,174.84</b>
<i>Goldman Sachs Financial Square Government Fund</i>					
<b>Purchases</b>					
February 9, 2024	Purchase 1,298,245.53 Units of Goldman Sachs	1,298,245.53	1,298,245.53	1,298,245.53	
February 9, 2024	Financial Square Government Fund @ \$1.00				
<b>Total Purchases</b>			<b>\$1,298,245.53</b>	<b>\$1,298,245.53</b>	<b>\$0.00</b>
<b>Sales</b>					
February 12, 2024	Sale 900,000.00 Units of Goldman Sachs Financial	900,000.00	900,000.00	900,000.00	
February 12, 2024	Square Government Fund @ \$1.00				
February 15, 2024	Sale 405,332.34 Units of Goldman Sachs Financial	405,332.34	405,332.34	405,332.34	
February 15, 2024	Square Government Fund @ \$1.00				
<b>Total Sales</b>			<b>\$1,305,332.34</b>	<b>\$1,305,332.34</b>	<b>\$0.00</b>
<b>Total Goldman Sachs Financial Square Government Fund</b>			<b>\$2,603,577.87</b>	<b>\$2,603,577.87</b>	<b>\$0.00</b>
<i>Schwab S&amp;P 500 Index Fund</i>					
<b>Purchases</b>					
February 9, 2024	Purchase 11,668.612 Units of Schwab S&P 500	11,668.612	900,000.00	900,000.00	
February 12, 2024	Index Fund @ \$77.13				
<b>Total Purchases</b>			<b>\$900,000.00</b>	<b>\$900,000.00</b>	<b>\$0.00</b>
<b>Total Schwab S&amp;P 500 Index Fund</b>			<b>\$900,000.00</b>	<b>\$900,000.00</b>	<b>\$0.00</b>

## Reportable Transactions by Transaction 5% (continued)

 EIN 38-1214489  
 PN 001

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<i>Schwab US Dividend Equity ETF</i>					
<b>Purchases</b>					
February 13, 2024	Purchase 5,300.00 Shares of Schwab US Dividend	5,300.00	405,332.34	405,332.34	
February 15, 2024	Equity ETF @ \$76.4678				
<b>Total Purchases</b>			<b>\$405,332.34</b>	<b>\$405,332.34</b>	<b>\$0.00</b>
<b>Total Schwab US Dividend Equity ETF</b>			<b>\$405,332.34</b>	<b>\$405,332.34</b>	<b>\$0.00</b>

## SUMMARY OF PLAN PROVISIONS

The Light Metals Corporation UAW Retirement Income Plan  
EIN/PN: 38-1214489/001  
Schedule SB, Part V – Summary of Plan Provisions

<b>Plan name</b>	The Light Metals Corporation UAW Retirement Income Plan
<b>Plan documents:</b>	
Drafted by	Varnum
Latest Determination Letter	November 12, 2015
<b>Plan effective date</b>	October 1, 1961
<b>Most recent restated Plan Document effective date (execution date)</b>	January 1, 2015 (January 27, 2015)
<b>Eligibility provisions:</b>	
Participation	Immediate upon both employment by Light Metals Corporation and membership in the bargaining unit represented by UAW Local 19 limited to employees who were hired on or before October 31, 2004
Normal retirement	Age 65 with 5 years of participation
Early retirement	Age 60 with 5 years of credited service or age 55 with 85 “points”, or any age with 30 years of credited service.
Late retirement	Retirement after normal retirement date
Vesting schedule	5 years of eligibility service
Disability	10 years of credited service
Supplemental Allowance	Receiving early or disability retirement benefits
Retiree supplement	Any employee who retired prior to 1999 under normal, early, or disability retirement

## SUMMARY OF PLAN PROVISIONS

The Light Metals Corporation UAW Retirement Income Plan  
 EIN/PN: 38-1214489/001  
 Schedule SB, Part V – Summary of Plan Provisions

### Pre-retirement death:

Annuity to surviving spouse	Death after becoming eligible for a nonforfeitable benefit unless waived by the participant and spouse
Lump sum benefit	Death after becoming eligible for a nonforfeitable benefit
“Special age 65” benefit	Former employee age 65 or older receiving normal, early or disability retirement benefit or surviving spouse receiving a benefit, limited to employees who retired or had fully qualified for normal, early, or disability retirement prior to November 1, 2004 (and their surviving spouses, if applicable)

### Benefit amounts:

Normal retirement: Monthly benefit of his years of credited service times the applicable dollar multiplier (sum of a. and b.):

Period During Which Employment Terminates	Dollar Multiplier
12/01/1984 – 10/31/1987	\$15.00
11/01/1987 – 10/31/1988	15.50
11/01/1988 – 10/31/1989	16.00
11/01/1989 – 04/10/1991	16.50
04/11/1991 – 10/31/1992	17.00 (first 30 years)
11/01/1992 – 10/31/1993	17.50 (first 30 years)
11/01/1993 – 12/31/1994	18.50 (first 30 years)
1995	19.00 (first 30 years)
1996	19.50 (first 30 years)
1997	20.00 (first 30 years)
1998	20.50 (first 30 years)
1999 and thereafter	21.50 (first 30 years)

Period During Which Employment Terminates	Dollar Multiplier for Credited Service in Excess of 30
04/11/1991 – 10/31/1991	\$18.00
11/01/1991 – 10/31/1992	19.00
11/01/1992 – 10/31/1993	20.00
11/01/1993 – 12/31/1994	22.00
1995	23.00
1996	24.00
1997 and thereafter	25.00

## SUMMARY OF PLAN PROVISIONS

The Light Metals Corporation UAW Retirement Income Plan

EIN/PN: 38-1214489/001

Schedule SB, Part V – Summary of Plan Provisions

Maximum benefit

IRC Section 415 limits

Early retirement:

Accrued normal retirement benefit commences immediately subject to actuarial reduction (see following) based on the extent to which retirement date precedes age 62; except that if employee had 30 or more years of service at retirement, the benefit payable after age 65 is reduced by only 4% for each year by which retirement date preceded age 62; those retiring early under the 30 and out provisions who are age 54 or older shall have their basic benefit recomputed at age 65 with no actuarial reduction for early retirement

Age When Benefits Commence	“Actuarial” Reduction Percentage
62-65	0.0%
61	6.7
60	13.3
59	19.2
58	24.8
57	30.6
56	36.5
55	42.1
54	46.8
53	51.1
52	55.0
51	58.5
50	61.7
49	64.6
48	67.2
47	69.6

Late retirement

Normal retirement benefit based on benefit level and credited service to actual retirement date

Vested termination

Accrued benefit payable at normal retirement date; reduced benefit available on or after eligibility for early retirement

Disability

Accrued normal retirement benefit commences immediately, without actuarial reduction; in addition, a temporary monthly benefit is payable until age 65 or earlier eligibility for an unreduced Social Security benefit for age or disability equal to \$7.50 times years of credited service (maximum of \$187.50)

## SUMMARY OF PLAN PROVISIONS

The Light Metals Corporation UAW Retirement Income Plan  
EIN/PN: 38-1214489/001  
Schedule SB, Part V – Summary of Plan Provisions

### Supplemental Allowance

Benefit at current rates provided in (a) and (b), as reduced in (c), and further reduced by (d), (e), (f) and (g):

- (a) The amount determined by multiplying the employee's years of credited service at retirement by \$30 (since 2004) for months commencing prior to the month following the date on which the employee becomes or could have become eligible for Social Security benefits at 80% of an unreduced Social Security benefit, or elects to begin receiving Social Security benefits at less than 80% of an unreduced benefit, plus
- (b) \$20.00 for months commencing on and after that date until age 65:
- (c) If the employee has less than 30 years of service and retires before age 60, amounts in (a) and (b) are reduced in the ratio of 60 divided by the number of months by which retirement precedes age 65. If employee has at least 30 years of service, above amount is reduced by 2/3 of 1% for each month by which early retirement age precedes age 54 (no such reduction if disability retirement)
- (d) The amount of early or disability benefit payable to the employee, or would be payable except for offsets to the disability benefit
- (e) Temporary disability benefit defined above
- (f) A penalty equal to double the amount earnings exceed the amount permitted (maximum under Federal Social Security) charged against each succeeding monthly supplemental benefit until reduced by the full amount of the penalty; a reduction (if necessary) in the monthly supplemental benefit to limit the total monthly benefit to 70% of final base pay
- (g) A reduction (if necessary) in the monthly supplemental benefit to limit the total monthly benefit to 70% of final base pay

## SUMMARY OF PLAN PROVISIONS

The Light Metals Corporation UAW Retirement Income Plan  
EIN/PN: 38-1214489/001  
Schedule SB, Part V – Summary of Plan Provisions

Retiree supplement	The monthly retirement benefit was recomputed effective January 1, 1999 by increasing the normal retirement benefit accrual rate used in the employee's benefit calculation by 50¢ effective for payments due on or after January 1, 1999; this increase was subject to the same reduction factors used to determine the amount of the employee' monthly retirement benefit, that is, reductions for joint and survivor benefits and for commencement of original benefits before age 65
Pre-retirement death	55% of the employee' accrued normal retirement benefit reduced for payment prior to age 62 and for election of the survivorship option; the benefit is payable to the spouse on the first day of the month following the later of the date of the employee' death or the date the employee would have attained early retirement age
Lump sum benefit	The lump sum retirement benefit will be equal to \$60.00 multiplied by the employee' years of credited service
"Special age 65" benefit	Additional benefit equal to the monthly premium rate for Medicare Part B
Supplemental benefit for certain retirees who retire after November 1, 1978 and prior to January 1, 1995	Any employee who retired after November 1, 1978 and prior to 1995 under the normal, early, or disability retirement provisions of the plan and who is receiving his pension benefits in the form of a joint and survivor benefit with his spouse will receive a supplemental benefit payable for the life of the spouse in an amount equal to the monthly premium in effect from time to time for coverage of the spouse under the retiree health care program maintained by the company, limited to \$118/month commencing January 1, 2005

## SUMMARY OF PLAN PROVISIONS

The Light Metals Corporation UAW Retirement Income Plan

EIN/PN: 38-1214489/001

Schedule SB, Part V – Summary of Plan Provisions

Supplemental benefit for certain  
retirees who retire after  
1994 and prior to  
November 1, 2004

Any employee who retires after 1994 and prior to November 1, 2004 under the normal, early, or disability retirement provisions of the plan and who elects to have benefits paid in the form of a joint and survivor benefit with his spouse will be eligible for an additional pension benefit payable for the life of the spouse in an amount equal to 4% of the monthly premium for coverage of the spouse under the then current retiree health care program of the company multiplied by the employee's years of credited service, maximum 25; maximum benefit \$118/month commencing January 1, 2005.

Supplemental benefit for certain  
retirees who retire after  
October 31, 2004

Any employee who retires after October 31, 2004 who had fully qualified for normal, early, or disability retirement prior to November 1, 2004, will be eligible for an additional pension benefit payable for the life of the spouse is an amount equal to 4% of the monthly premium for coverage of the spouse under the then current retiree health care program of the company multiplied by the employee's years of credited service maximum 25, maximum benefit \$118 commencing January 1, 2005

### Definitions:

Accrued benefit

An amount equal to the normal retirement benefit earned through July 10, 2010

Year of service for:

Eligibility and vesting purposes

For years before 1976, employees receive eligibility service equal to their credited service for such period increased by any compensated service not included because of prior loss of seniority or because it preceded the employee's seniority date and the plan's effective date

For years after 1975, an employee receives 1 year of eligibility service for each calendar year in which he has 1,000 or more hours of service; partial credit is given equal to credited service for less than 1,000 hours of service

## SUMMARY OF PLAN PROVISIONS

The Light Metals Corporation UAW Retirement Income Plan  
EIN/PN: 38-1214489/001  
Schedule SB, Part V – Summary of Plan Provisions

Benefit purposes	<p>For years before 1976, employees receive credited service equal to their credited service for such period increased by any compensated service not included because of prior loss of seniority or because it preceded the employee's seniority date and the plan's effective date</p> <p>For the period beginning January 1, 1979 and ending July 11, 2010, an employee receives 1 year of credited service for each calendar year in which he has 1,700 (1,800 for years prior to 1978) or more hours of service; partial credit is given for less than 1,700 (1,800 for years prior to 1978) hours of service to the nearest 1/10th year; an employee will be credited with an additional 1/10th of one year of credited service for each 170 hours he works in excess of 1,900 hours in any calendar year after 1990, if they were credited with less than 1 year of credited service in any previous year</p>
Normal payment form	<p>Monthly benefit payable for the employee's lifetime; for married employees, benefits are automatically reduced by 5% (adjusted for age differential greater than 5 years) for the qualified survivorship option which provides spouse with a pension equal to 55% of the reduced amount unless waived by the employee and spouse in writing; if the spouse predeceases the retired employee, the survivorship option is canceled and the benefit payable to the retiree thereafter is equal to the amount which would have applied if the option had not been effective</p>
Changes recognized since prior valuation	None
Other qualified retirement plans	Salaried Employees' Pension Plan and the 401(k) Retirement Savings Plans for Salaried Employees and Union Members

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR

See complete related attachment under the audited financial statements attachment package.

## ADDITIONAL INFORMATION

Light Metals Corporation UAW Retirement Income Plan

EIN/PN: 38-1214489/001

Schedule SB, Line 26 – Active Participant Data

### Participant Age and Service Data

Years of Service										
Age	Under 1	1 – 4	5 – 9	10 – 14	15 - 19	20 - 24	25 - 29	30 – 34	35 – 39	40 & up
0 – 24										
25 – 29										
30 – 34										
35 – 39										
40 – 44										
45 – 49										
50 – 54								1		
55 – 59							1	1	1	
60 – 64									1	
65 – 69									1	
70 & Up										

## ACTUARIAL COST METHODS AND ASSUMPTIONS

Light Metals Corporation UAW Retirement Income Plan

EIN/PN: 38-1214489/001

Schedule SB, Part V – Actuarial Assumption Methods

**Traditional Unit Credit Cost Method** – The actuarial cost method used to calculate the minimum required contribution is the traditional unit credit cost method. The normal cost is the sum of all the individual normal costs for each participant. The individual normal cost is the present value of the benefit expected to be earned during the year being valued. For non-active participants, the normal cost is zero. The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability is the present value of the accrued benefit as of the valuation date. The unfunded liability is equal to the actuarial accrued liability less the valuation assets and is referred to as the “shortfall”.

**Actuarial Valuation Asset Method** – The asset method is based on Internal Revenue Notice 2009-22 using an average of three values: the fair market value on the valuation date and the adjusted market value on the previous two valuation dates. Adjustments are made for contributions, benefits, non-investment related expenses and assumed earnings based on the lesser of 6.00% and the PPA third segment interest rate per applicable year. The result is subject to a minimum of 90% and maximum of 110% of the current market value.

### Mandated Discount Rates – Adjusted Under ARPA/HATFA

	Current Year	Prior Year
Segment 1 – Payments within 5 years	4.75%	4.75%
Segment 2 – Payments between 5 and 20 years	4.96%	5.00%
Segment 3 – Payments after 20 years	5.59%	5.74%
Effective Rate	5.11%	5.18%

### Mandated Discount Rates – IRC §430 Unadjusted Rates

	Current Year	Prior Year
Segment 1 – Payments within 5 years	4.37%	2.13%
Segment 2 – Payments between 5 and 20 years	4.96%	3.62%
Segment 3 – Payments after 20 years	4.95%	3.93%
Effective Rate	4.90%	3.61%

## ACTUARIAL COST METHODS AND ASSUMPTIONS

The Light Metals Corporation UAW Retirement Income Plan  
 EIN/PN: 38-1214489/001  
 Schedule SB, Part V – Schedule of Actuarial Assumptions and Methods

**Retirement Rates** – Based on retiree population.

Age	Males	Females
55	.09	.09
56	.10	.10
57	.13	.13
58	.08	.08
59	.10	.10
60	.20	.20
61	.07	.07
62	.39	.39
63	.24	.24
64	.21	.21
65	1.00	1.00

Rationale – The rates were chosen based on this plan’s historical experience and the expectations inherent in the retirement provisions of the plan

**Termination Rates** – Rate of turnover (155)

Age	Males	Females
20	.0744	.1244
25	.0493	.0744
30	.0341	.0493
35	.0237	.0341
40	.0131	.0237
45	.0067	.0131
50	.0000	.0067
55	.0000	.0000

Rationale – The rates were chosen based on this plan’s historical experience, industry standards, and future expectations advised by the plan sponsor

**Mortality Rates Generational Tables (as prescribed by law)** – PRI-2012 total dataset adjusted to 2012 base mortality rates projected with 2024 IRS Adjusted Improvement Scale MP-2021

Rationale – Required under PPA

**Percent Married** – 80% of males and 70% of females were assumed to be married.

Rationale – Based on plan experience.

**Age of Spouse** – The female spouse is assumed to be 3 years younger than the male spouse.

Rationale – Based on population averages.

## ACTUARIAL COST METHODS AND ASSUMPTIONS

The Light Metals Corporation UAW Retirement Income Plan

EIN/PN: 38-1214489/001

Schedule SB, Part V – Schedule of Actuarial Assumptions and Methods

**Rates of Disablement** – UAW (M) and UAW (F). Sample rates are as follows:

Age	Males	Females
30	.0007	.0005
35	.0009	.0008
40	.0013	.0012
45	.0020	.0018
50	.0033	.0028
55	.0056	.0046
60	.0082	.0056

Rationale – The rates were chosen based on this plan’s historical experience, industry standards, and future expectations advised by the plan sponsor

**Post-Disablement Mortality** – Rev. Rul. 96-7 males disable after 1994 and Rev. Rul. 96-7 females disabled after 1994. Sample rates are as follows:

Age	Males	Females
30	.0307	.0148
35	.0342	.0177
40	.0384	.0206
45	.0430	.0240
50	.0480	.0280
55	.0531	.0280
60	.0581	.0380
65	.0637	.0443

Rationale – The rates were chosen based on this plan’s historical experience and industry standards

**Administrative Expenses** – Annual accounting and actuarial expenses paid from plan assets, based on prior year actual.

Rationale – Because these administrative expenses are being paid from plan assets.

**Probability of Payment Form** – 100% choose a monthly annuity form of payment.

Rationale – This assumption was chosen because it is the participant’s only form of payment to elect upon retirement/termination

### Changes in Assumptions Since Prior Valuation

- **Discount Rates** – Changed as prescribed by law
- **Mortality Rates** – Changed as prescribed by law
- **Other** – None

## DEVELOPMENT OF RESULTS

Light Metals Corporation UAW Retirement Income Plan  
EIN/PN: 38-1214489/001  
Schedule SB, Line 32 – Schedule of Amortization Bases

### Shortfall Amortization Charge

Date Established	Present Value of Remaining Balance (\$)	Remaining Period (Years)	Amortization Installment (\$)
01/01/2019	1,735,161	10	213,220
01/01/2020	(308,129)	11	(35,198)
01/01/2021	(68,416)	12	(7,324)
01/01/2022	(673,563)	13	(68,032)
01/01/2023	416,740	14	39,942
01/01/2024	(30,962)	15	(2,830)
<b>TOTAL</b>	<b>1,070,831</b>		<b>139,778</b>

**Light Metals Corporation UAW Retirement Income Plan**

**EIN/PN: 38-1214489/001**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

<b>Age</b>	<b>Rate</b>	<b>Weight</b>	<b>Weighted Age</b>
55	.09	9%	4.95
56	.10	(1-.09)*.10	5.10
57	.13	(1-.09)(1-.10)*.13	6.07
58	.08	(1-.09)(1-.10)(1-.13)*.08	3.31
59	.10	(1-.09)(1-.10)(1-.13)(1-.08)*.10	3.87
60	.20	(1-.09)(1-.10)(1-.13)(1-.08)(1-.10)*.20	7.08
61	.07	(1-.09)(1-.10)(1-.13)(1-.08)(1-.10)(1-.20)*.07	2.02
62	.39	(1-.09)(1-.10)(1-.13)(1-.08)(1-.10)(1-.20)(1-.07)*.39	10.61
63	.24	(1-.09)(1-.10)(1-.13)(1-.08)(1-.10)(1-.20)(1-.07)(1-.39)*.24	4.05
64	.21	(1-.09)(1-.10)(1-.13)(1-.08)(1-.10)(1-.20)(1-.07)(1-.39)(1-.24)*.21	2.73
65	1.0	(1-.09)(1-.10)(1-.13)(1-.08)(1-.10)(1-.20)(1-.07)(1-.39)(1-.24)(1-.21)*1.0	10.45
			60.23
		Rounded to nearest whole age =	60



SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

See complete related attachment under the audited financial statement attachment package.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

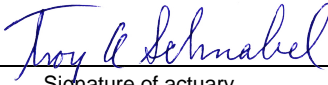
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan LIGHT METALS CORPORATION UAW RETIREMENT INCOME PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LIGHT METALS CORPORATION	<b>D</b> Employer Identification Number (EIN) 38-1214489	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		6,981,217
<b>b</b> Actuarial value .....	<b>2b</b>		7,159,802
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	113	5,909,465	5,909,465
<b>b</b> For terminated vested participants .....	77	1,963,003	1,963,003
<b>c</b> For active participants .....	6	358,165	358,165
<b>d</b> Total .....	196	8,230,633	8,230,633
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		5.11%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		0
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		69,359
<b>c</b> Target normal cost .....	<b>6c</b>		69,359

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

<b>SIGN HERE</b>	 Signature of actuary	<u>08/18/2025</u> Date
	<u>TROY A. SCHNABEL, ASA, MAAA</u> Type or print name of actuary	<u>2306116</u> Most recent enrollment number
	<u>WAKTINS ROSS</u> Firm name	<u>616-456-9696</u> Telephone number (including area code)
	<u>200 OTTAWA AVENUE N.W. SUITE 600</u> <u>GRAND RAPIDS MI 49503-2426</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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 60
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	69,359	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	1,070,831		139,778
<b>b</b> Waiver amortization installment .....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	209,137	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	209,137	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	209,258	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	121	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
--