

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, 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, the DFVC program, special extension, 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 ALLEGHENY TECHNOLOGIES INCORPORATED MASTER PENSION TRUST, 1b Three-digit plan number (PN) 040, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ATI INC. 116 15TH STREET STE 301 PITTSBURGH, PA 15222, 2b Employer Identification Number (EIN) 25-6224599, 2c Plan Sponsor's telephone number 412-394-2800, 2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
---	---

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

A Name of plan ALLEGHENY TECHNOLOGIES INCORPORATED MASTER PENSION TRUST	B Three-digit plan number (PN) ▶	040
C Plan sponsor's name as shown on line 2a of Form 5500 ATI INC.	D Employer Identification Number (EIN) 25-6224599	

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

ADAMS CAPITAL MANAGEMENT IV

45-0553139

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

BAUPOST PARTNERS, LLC

04-2878725

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

CRESTLINE MANAGEMENT, L.P.

75-2741654

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

DOVER P.FUND, L.P.

30-0692313

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

GLENDN OPPORTUNITIES FUND II FEED

46-1394333

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

HARBOURVEST PARTNERS VIII-BUYOUT FU

51-0578242

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

KENISCO OFFSHORE FUND II LTD.

55 RAILROAD AVENUE
2ND FLOOR
GREENWICH, CT 06830

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

KINGSTREET CAPITAL MANAGEMENT, LP

13-3978904

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

KINGSTREET MASTER ADVISORS, LLC

26-3871197

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

KLINE HILL PARTNERS OFFSHORE FD III

98-1530811

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

KLINE HILL PARTNERS OFFSHORE FD IV

98-1657264

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

KLINE HILL PARTNERS OPP FD III

98-1531658

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

KLIN HILL PARTNERS OPP FD IV

98-1658193

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

ONE PEAK GROWTH III LP

98-1661093

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

RCP SOF II FEEDER, L.P.

98-1055661

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

REDWOOD OFFSHORE

22-3732328

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

SACHEM HEAD OFFSHORE LTD.

61-1704187

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

SENATOR GLOBAL OPPORTUNITY OFFSHORE

26-2124641

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

THE BAUPOST GROUP, LLC

04-3402144

(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)

LEGAL AND GENERAL INVESTMENT MGMT

1 COLEMAN ST
LONDON, UK EC2R 5AA GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 99	NONE	203734	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)

ANTIN INFRASTRUCTURE PARTNERS

374 RUE SAINT-HONORE
PARIS, ILE-DE-FRANCE 75001 FR

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	182492	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)

SYLEBRA CAPITAL PARTNERS OFFSHORE

20/F, 28 HENNESSY ROAD
WAN CHAI HK

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	19452	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)

LEGAL AND GENERAL INVESTMENT MGMT

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 99	NONE	18629	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)

HBK MULTI-STRATEGY OFFSHORE FUND LT

98-0497416

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 13 72	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1485	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HBK MULTI-STRATEGY OFFSHORE FUND LT	28 13 72	1485
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HBK MULTI-STRATEGY OFFSHORE FUND LT 98-0497416	VARIOUS FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
ARROWSTREET INTL EQUITY ACWI EX US 04-3472863	28	DID NOT PROVIDE EIC DISCLOSURE
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
ASCENDENT CAPITAL PARTNERS III, L.P.	28	DID NOT PROVIDE EIC DISCLOSURE
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
BLACKROCK 94-3112180	21 24 28	DID NOT PROVIDE EIC DISCLOSURE
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
BURGUNDY ASSET MANAGEMENT LTD. 181 BAY STREET SUITE 4510 TORONTO, ONTARIO M5J253 CA	28 51 99	DID NOT PROVIDE EIC DISCLOSURE
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
COATUE CAPITAL, LLC 13-4078095	28	DID NOT PROVIDE EIC DISCLOSURE
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
COATUE MANAGEMENT, LLC 13-4078032	28	DID NOT PROVIDE EIC DISCLOSURE

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
DAVIDSON KEMPNER CAPITAL MANAGEMENT 80-0661773	28	DID NOT PROVIDE EIC DISCLOSURE
DAVIDSON KEMPNER INTERNATIONAL BVI 13-3863161	28	DID NOT PROVIDE EIC DISCLOSURE
GARDNER RUSSO & GARDNER LLC 23-2673088	28	DID NOT PROVIDE EIC DISCLOSURE
HS MANAGEMENT PARTNERS LLC 26-0335469	51 68	DID NOT PROVIDE EIC DISCLOSURE
INSIGHT NORTH AMERICA LLC 25-1442864	21	DID NOT PROVIDE EIC DISCLOSURE
JPM REI 150 FUND 13-6038768	28	DID NOT PROVIDE EIC DISCLOSURE

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
PARAMETRIC 20-0292745	28	DID NOT PROVIDE EIC DISCLOSURE

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
RCP DIRECT, LP 98-0658500	28	DID NOT PROVIDE EIC DISCLOSURE

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
TRINITY STREET ASSET MANAGEMENT LLP 1 CAVENDISH PLACE LONDON, UK W1G0QF GB	28	DID NOT PROVIDE EIC DISCLOSURE

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
VAUGHAN NELSON INV MGMT LP 04-3304963	28 51 99	DID NOT PROVIDE EIC DISCLOSURE

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>ALLEGHENY TECHNOLOGIES INCORPORATED MASTER PENSION TRUST</u>	B Three-digit plan number (PN)	<u>040</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ATI INC.</u>	D Employer Identification Number (EIN) <u>25-6224599</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE US GOVT STIF 15 BPS

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN <u>13-6154008-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5622248</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: BRINSON PARTNERSHIP FUND TR-1998 PR

b Name of sponsor of entity listed in (a): UBS GLOBAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN <u>36-4196249-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: BRINSON PARTNERSHIP FUND TR-2000 PR

b Name of sponsor of entity listed in (a): UBS GLOBAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN <u>36-4309907-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>117537</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: BRINSON PARTNERSHIP FUND TR-2001 PR

b Name of sponsor of entity listed in (a): UBS GLOBAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN <u>36-4395877-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>129335</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: BRINSON PARTNERSHIP FUND TR-2002 PR

b Name of sponsor of entity listed in (a): UBS GLOBAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN <u>36-4486493-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: BRINSON PARTNERSHIP FUND TR-1999 PR

b Name of sponsor of entity listed in (a): UBS GLOBAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN <u>36-7252247-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INV FD VAR RT 12/31/49 FEE

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **SHORT-TERM INVESTMENT FUND**

b Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

c EIN-PN 94-6450621-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1374
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	ALLEGHENY TECHNOLOGIES INCORPORATED PENSION PLAN	
b Name of plan sponsor	ATI INC.	c EIN-PN 25-1792394-001

a Plan name	ALLEGHENY TECHNOLOGIES INCORPORATED PENSION PLAN 2	
b Name of plan sponsor	ATI INC.	c EIN-PN 25-1792394-200

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

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

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

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

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

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ALLEGHENY TECHNOLOGIES INCORPORATED MASTER PENSION TRUST	B Three-digit plan number (PN) ▶ 040
C Plan sponsor's name as shown on line 2a of Form 5500 ATI INC.	D Employer Identification Number (EIN) 25-6224599

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

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	6548967
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	191627576
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	0
(5) Partnership/joint venture interests	1c(5)	76417616
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	5870509
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	-29814

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	292777773	280434854
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1917004	400919
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1917004	400919
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	290860769	280033935

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-4084	
(B) U.S. Government securities.....	2b(1)(B)	6475203	
(C) Corporate debt instruments.....	2b(1)(C)	3049	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	11503	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6485671
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	-38098	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		-38098
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	235782934	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	231995959	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-19332242	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1116578
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1163387
d Total income. Add all income amounts in column (b) and enter total	2d		-6817729

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2828865	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-16000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2812865
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2812865

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-9630594
l Transfers of assets:			
(1) To this plan	2l(1)		10335495
(2) From this plan	2l(2)		11531735

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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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



Allegheny Technologies Incorporated
Master Pension Trust
EIN #25-6224599 PN 040
Schedule H – Line 4J SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR) PY 2024

Report ID: M2574E
Status: FINAL
ALLEGHENY TECHNOLOGIES INC.

ATI-COMB MANAGER - ALSG17569000

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
99F106F4A	US 10YR ULTRA FUTURE (CBT) EXP JUN 24	206.000	0.00	(36,472.21)
99F106I4A	US 10YR ULTRA FUTURE (CBT) EXP SEP 24	55.000	0.00	242,348.61
99F106L4A	US 10YR ULTRA FUTURE (CBT) EXP DEC 24	89.000	0.00	(304,750.99)
99F133F4A	US LONG BOND FUTURE (CBT) EXP JUN 24	372.000	0.00	(576,323.80)
99F133I4A	US TREAS BD FUTURE (CBT) EXP SEP 24	125.000	0.00	625,788.85
99F133L4A	US TREAS BD FUTURE (CBT) EXP DEC 24	133.000	0.00	(422,583.41)
99F139F4A	US 10YR NOTE FUTURE (CBT) EXP JUN 24	84.000	0.00	(61,577.65)
99F139I4A	US 10YR NOTE FUTURE (CBT) EXP SEP 24	34.000	0.00	131,009.97
99F139L4A	US 10YR TREAS NTS FUTURE (CBT) EXP DEC 24	45.000	0.00	(101,137.47)
99F183F4A	US 5YR NOTE FUTURE (CBT) EXP JUN 24	83.000	0.00	(70,443.87)
99F183I4A	US 5YR NOTE FUTURE (CBT) EXP SEP 24	78.000	0.00	237,231.96
99F183L4A	US 5YR TREAS NTS FUTURE (CBT) EXP DEC 24	103.000	0.00	(214,676.67)
99F217F4A	US 2YR NOTE FUTURE (CBT) EXP JUN 24	19.000	0.00	22,930.90
99F217I4A	US 2YR NOTE FUTURE (CBT) EXP SEP 24	10.000	0.00	1,430.89
99F217L4A	US 2YR TREAS NTS FUT (CBT) EXP DEC 24	20.000	0.00	(12,282.20)
99F700F4A	US ULTRA BOND (CBT) EXP JUN 24	741.000	0.00	529,242.77
99F700I4A	US ULTRA BOND FUTURE (CBT) EXP SEP 24	179.000	0.00	1,304,585.85
99F700L4A	US ULTRA BOND FUTURE (CBT) EXP DEC 24	222.000	0.00	(1,740,617.36)
99VVC8CR8	COATUE OFFSHORE FUND,LTD.COATUE LIQUIDATING	1,241.930	(124,192.99)	124,192.99
NA99WBYY5	DAVIDSON KEMPNER INT (BVI) LTD CLS C TRCH 3 01/15	0.000	0.00	66,243.48

ATI Inc. Master Pension Trust

PN: 040

EIN: 25-6224599

The ATI Master Pension Trust holds investments in various equity, fixed, private equity, hedge fund of funds and real estate investments. Their year-end audited financial statements are not available until the following March or April. As a result, their cumulative actual year-end values decreased by \$1.6M. Therefore total assets are adjusted downward by the same amount.

Security Description	Estimate as shown on Trustee Statement	Actual 12-31-24 Audited Value	Difference
U.S. Government Securities	191,633,949	191,627,576	(6,373)
Adams Capital Management IV, L.P.	16,794,540	18,122,963	1,328,424
Adams Street Partners	420,983	246,872	(174,111)
Antin Infra Partners V LP	3,028,214	3,137,281	109,066
Ascendent	7,240,800	6,730,878	(509,922)
Harbourvest Partners VIII-Buyout Fund, L.P.	122,128	125,671	3,543
Dover Street VII Cayman Fund, L.P.	762,382	734,878	(27,504)
Baupost Value Partners IV LP	7,662,474	7,274,775	(387,699)
Coatue Offshore Fund Ltd.	1,081,355	1,060,148	(21,207)
Crestline Opportunity Fund V	5,314,329	5,533,161	218,833
Glendon Opportunities Fund III	5,213,822	5,432,694	218,872
King Street Capital	984,650	1,035,249	50,599
Kline Hill Partners Offshore Fund III L.P.	3,360,371	3,266,488	(93,883)
Kline Hill Partners Offshore Fund IV L.P.	9,590,581	9,508,021	(82,560)
Kline Hill Partners Opportunity Offshore Fund III L.P.	1,282,927	1,278,029	(4,898)
Kline Hill Partners Opportunity Offshore Fund IV L.P.	2,865,890	2,822,122	(43,768)
One Peak Growth III LP	1,927,134	2,068,165	141,031
Redwood Offshore	6,812,283	4,612,620	(2,199,664)
RCP Fund VII, LP	328,785	62,175	(266,611)
RCP SOF II Feeder, LP	2,504,570	2,280,561	(224,009)
Valinor Capital Partners Offshore	857,548	1,247,598	390,050
	269,789,715	268,207,923	(1,581,791)



ATI-COMB MANAGER - ALSG17569000

Schedule H – Line 4i SCHEDULE OF ASSETS
(HELD AT YEAR END) DECEMBER 31, 2024

ALLEGHENY TECHNOLOGIES INC.

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
ALSF17582102	XX9123458 EUR (EURO)	0.120	0.13	0.12	(0.01)
ALSF17587702	XX9123458 EUR (EURO)	976.460	1,028.70	1,011.12	(17.58)
TOTAL INTEREST-BEARING CASH			1,028.83	1,011.24	(17.59)
U. S. GOVERNMENT SECURITIES					
ALSF17580802	912810SS8 U S TREASURY BOND 1.625% 11/15/2050 DD 11/15/20	15,000.000	12,733.94	7,835.70	(4,898.24)
ALSF17587902	912810PX0 U S TREASURY BOND 4.500% 05/15/2038 DD 05/15/08	500,000.000	499,806.69	492,405.00	(7,401.69)
ALSF17587902	912810QC5 U S TREASURY BOND 4.500% 08/15/2039 DD 08/15/09	5,800,000.000	6,169,289.06	5,650,708.00	(518,581.06)
ALSF17587902	912810QD3 U S TREASURY BOND 4.375% 11/15/2039 DD 11/15/09	4,250,000.000	4,256,140.04	4,077,195.00	(178,945.04)
ALSF17587902	912810RB6 U S TREASURY BOND 2.875% 05/15/2043 DD 05/15/13	6,080,000.000	5,113,219.20	4,610,342.40	(502,876.80)
ALSF17587902	912810RH3 U S TREASURY BOND 3.125% 08/15/2044 DD 08/15/14	4,800,000.000	3,773,456.70	3,732,000.00	(41,456.70)
ALSF17587902	912810RM2 U S TREASURY BOND 3.000% 05/15/2045 DD 05/15/15	5,400,000.000	4,130,177.85	4,084,830.00	(45,347.85)
ALSF17587902	912810RQ3 U S TREASURY BOND 2.500% 02/15/2046 DD 02/15/16	4,000,000.000	2,832,359.75	2,738,760.00	(93,599.75)
ALSF17587902	912810RT7 U S TREASURY BOND 2.250% 08/15/2046 DD 08/15/16	6,560,000.000	4,604,880.56	4,240,449.60	(364,430.96)
ALSF17587902	912810RU4 U S TREASURY BOND 2.875% 11/15/2046 DD 11/15/16	7,825,000.000	5,852,842.79	5,692,061.50	(160,781.29)
ALSF17587902	912810RX8 U S TREASURY BOND 3.000% 05/15/2047 DD 05/15/17	6,400,000.000	4,828,525.60	4,735,744.00	(92,781.60)
ALSF17587902	912810SE9 U S TREASURY BOND 3.375% 11/15/2048 DD 11/15/18	4,600,000.000	3,703,916.84	3,597,890.00	(106,026.84)
ALSF17587902	912810SF6 U S TREASURY BOND 3.000% 02/15/2049 DD 02/15/19	5,100,000.000	3,829,801.65	3,716,013.00	(113,788.65)
ALSF17587902	912810SH2 U S TREASURY BOND 2.875% 05/15/2049 DD 05/15/19	7,200,000.000	5,784,750.00	5,111,712.00	(673,038.00)
ALSF17587902	912810SJ8 U S TREASURY BOND 2.250% 08/15/2049 DD 08/15/19	20,700,000.000	13,574,742.96	12,837,312.00	(737,430.96)
ALSF17587902	912810SS8 U S TREASURY BOND 1.625% 11/15/2050 DD 11/15/20	13,100,000.000	7,114,989.90	6,843,178.00	(271,811.90)
ALSF17587902	912810ST6 U S TREASURY BOND 1.375% 11/15/2040 DD 11/15/20	5,100,000.000	3,116,399.31	3,160,419.00	44,019.69
ALSF17587902	912810SZ2 U S TREASURY BOND 2.000% 08/15/2051 DD 08/15/21	15,400,000.000	9,203,366.29	8,815,884.00	(387,482.29)
ALSF17587902	912810TF5 U S TREASURY BOND 2.375% 02/15/2042 DD 02/15/22	4,200,000.000	2,988,251.18	2,993,340.00	5,088.82
ALSF17587902	912810TJ7 U S TREASURY BOND 3.000% 08/15/2052 DD 08/15/22	11,400,000.000	8,576,319.04	8,193,294.00	(383,025.04)
ALSF17587902	912810TR9 U S TREASURY BOND 3.625% 05/15/2053 DD 05/15/23	14,900,000.000	12,715,146.82	12,133,070.00	(582,076.82)
ALSF17587902	912810TS7 U S TREASURY BOND 3.875% 05/15/2043 DD 05/15/23	2,765,000.000	2,486,819.37	2,436,130.90	(50,688.47)
ALSF17587902	912810TT5 U S TREASURY BOND 4.125% 08/15/2053 DD 08/15/23	11,600,000.000	10,867,358.90	10,348,940.00	(518,418.90)
ALSF17587902	912810TV0 U S TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	1,200,000.000	1,351,453.13	1,189,128.00	(162,325.13)
ALSF17587902	912810UB2 U S TREASURY BOND 4.625% 05/15/2044 DD 05/15/24	5,870,000.000	5,739,283.47	5,696,658.90	(42,624.57)
ALSF17587902	912810UC0 U S TREASURY BOND 4.250% 08/15/2054 DD 08/15/24	26,350,000.000	25,092,048.13	24,106,034.00	(986,014.13)
ALSF17587902	912810UF3 U S TREASURY BOND 4.625% 11/15/2044 DD 11/15/24	5,745,000.000	5,787,508.08	5,576,269.35	(211,238.73)
ALSF17587902	91282CDY4 U S TREASURY NOTE 1.875% 02/15/2032 DD 02/15/22	3,200,000.000	2,656,262.80	2,691,392.00	35,129.20
ALSF17587902	91282CGP0 U S TREASURY NOTE 4.000% 02/29/2028 DD 02/28/23	100,000.000	98,637.05	99,078.00	440.95
ALSF17587902	91282CHC8 U S TREASURY NOTE 3.375% 05/15/2033 DD 05/15/23	1,900,000.000	1,756,691.19	1,746,214.00	(10,477.19)
ALSF17587902	91282CHT1 U S TREASURY NOTE 3.875% 08/15/2033 DD 08/15/23	7,700,000.000	7,527,307.17	7,329,168.00	(198,139.17)
ALSF17587902	91282CHW4 U S TREASURY NOTE 4.125% 08/31/2030 DD 08/31/23	800,000.000	788,721.95	787,592.00	(1,129.95)
ALSF17587902	91282CHZ7 U S TREASURY NOTE 4.625% 09/30/2030 DD 09/30/23	700,000.000	710,803.58	706,426.00	(4,377.58)
ALSF17587902	91282CJA0 U S TREASURY NOTE 4.625% 09/30/2028 DD 09/30/23	400,000.000	405,313.84	403,688.00	(1,625.84)
ALSF17587902	91282CJZ5 U S TREASURY NOTE 4.000% 02/15/2034 DD 02/15/24	3,000,000.000	2,910,246.38	2,872,620.00	(37,626.38)
ALSF17587902	91282CKN0 U S TREASURY NOTE 4.625% 04/30/2031 DD 04/30/24	5,000,000.000	5,074,043.44	5,041,800.00	(32,243.44)



Allegheny Technologies Incorporated
Master Pension Trust
EIN #25-6224599 PN 040
Schedule H – Line 4i SCHEDULE OF ASSETS
(HELD AT YEAR END) DECEMBER 31, 2024

Report ID: M1102

Status: FINAL

ATI-COMB MANAGER - ALSG17569000

ALLEGHENY TECHNOLOGIES INC.

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
ALSF17587902	91282CLW9 U S TREASURY NOTE 4.250% 11/15/2034 DD 11/15/24	9,655,000.000	9,573,391.17	9,406,094.10	(167,297.07)
ALSF17587902	9128334Z0 U S TREASURY BD CPN STRIP 0.000% 02/15/2035 DD 02/15/06	1,200,000.000	722,016.00	741,048.00	19,032.00
ALSF17587902	9128335A4 U S TREASURY BD CPN STRIP 0.000% 08/15/2035 DD 02/15/06	1,500,000.000	879,675.00	904,050.00	24,375.00
ALSF17587902	9128335B2 U S TREASURY BD CPN STRIP 0.000% 02/15/2036 DD 02/15/06	1,800,000.000	1,025,028.00	1,057,194.00	32,166.00
ALSF17587902	912833X88 U S TREASURY BD CPN STRIP 0.000% 05/15/2035 DD 08/15/07	1,700,000.000	1,009,766.00	1,037,816.00	28,050.00
ALSF17580802	912810SS8 U S TREASURY BOND 1.625% 11/15/2050 DD 11/15/20	(15,000.000)	(14,069.47)	(7,835.70)	6,233.77
TOTAL U. S. GOVERNMENT SECURITIES			199,129,421.35	191,633,948.75	(7,495,472.60)
CORPORATE STOCK - COMMON					
ALSF17579502	559ESC9B6 ESCROW MAGELLAN HEALTH	280,000.000	0.00	0.00	0.00
TOTAL CORPORATE STOCK - COMMON			0.00	0.00	0.00
PARTNERSHIP/JOINT VENTURE INTEREST					
ALSF17577102	999076250 HUFF ALTERNATIVE FUND LP	84,141.000	0.00	84,141.00	84,141.00
ALSF17577202	999070246 BRINSON 2000 PRIMARY FUND	117,594.000	987.00	117,594.00	116,607.00
ALSF17577202	999081961 BRINSON PTNRSH FD 2002 PRY FUND LP	24,653.000	253.00	24,653.00	24,400.00
ALSF17577202	999128101 BPF 1998 PRIMARY LP	41,079.000	16,174.00	41,079.00	24,905.00
ALSF17577202	999128127 BRINSON 1999 PRIMARY FUND	108,646.000	1,042.00	108,646.00	107,604.00
ALSF17577202	999128143 BRINSON 2001 PRIMARY FUND	129,011.000	1,183.00	129,011.00	127,828.00
ALSF17578002	999E87877 ADAMS CAPITAL MANAGEMENT IV	16,794,539.500	6,906,585.18	16,794,539.50	9,887,954.32
ALSF17578102	99VVAA270 HARBOURVEST PTNRS VIII CAYMAN VENTURE	122,128.000	0.00	122,128.00	122,128.00
ALSF17578502	99VVAKHJ6 RCP DIRECT FEEDER LTD	0.010	3,468,203.91	0.01	(3,468,203.90)
ALSF17578602	99VVAEP93 RCP FUND VII FEEDER LTD	328,785.400	14,944,823.76	328,785.40	(14,616,038.36)
ALSF17579202	99VVAUCV2 RCP SOF II FEEDER LP	2,504,569.500	14,268,967.33	2,504,569.50	(11,764,397.83)
ALSF17579302	99VVARC15 DOVER STREET VIII CAYMAN FUND LP	762,382.000	882,020.00	762,382.00	(119,638.00)
ALSF17580402	996165619 KING STREET CAPITAL	9,817.411	918,175.16	984,649.99	66,474.83
ALSF17580602	99VVCZND7 COATUE OFFSHORE FUND LTD LIQ_ACCT_25 SERIES 20	11,096.797	500,223.57	1,081,355.12	581,131.55
ALSF17581002	99VVA7MWO REDWOOD OFFSHORE	35,027.898	3,519,636.58	6,812,283.27	3,292,646.69
ALSF17581402	NA9023774 VALINOR CAPITAL PARTNERS OFFSHORE LTD REPE	626.870	614,413.00	857,547.97	243,134.97
ALSF17585302	99VVBYYU5 ASCENDENT CAP PTNRS III	7,240,800.070	6,604,444.66	7,240,800.07	636,355.41
ALSF17585602	99VVB0P19 KLINE HILL PTNS OFFSHR FD III	3,360,371.000	228,936.00	3,360,371.00	3,131,435.00
ALSF17585702	99VVB64D3 KLINE HILL PTNS OPP OFFSHR FD III	1,282,927.000	2,008,698.00	1,282,927.00	(725,771.00)
ALSF17585802	999220221 BAUPOST VALUE PARTNERS IV LP	7,662,474.090	5,993,279.91	7,662,474.09	1,669,194.18
ALSF17587002	99VVCQ5B1 KLINE HILL PTNS OFFSHR IV LP	9,590,581.000	4,215,107.00	9,590,581.00	5,375,474.00
ALSF17587102	99VVCQ5C9 KLINE HILL PTNS OPP OFFSHR IV LP	2,865,890.000	1,287,907.00	2,865,890.00	1,577,983.00
ALSF17587302	99VVCQ5E5 GLENDON FUND III LP	5,213,822.400	3,977,929.26	5,213,822.40	1,235,893.14
ALSF17587502	EL99WLN39 ONE PEAK GROWTH III LP	1,861,066.240	1,784,172.54	1,927,134.09	142,961.55
ALSF17587702	EL99WM693 ANTIN INFRA PARTNERS V LP	2,924,398.290	3,374,101.36	3,028,214.43	(345,886.93)
ALSF17587802	99VVCRK63 CRESTLINE OPP FUND V LLC	5,314,328.510	4,639,744.41	5,314,328.51	674,584.10
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			80,157,007.63	78,239,907.35	(1,917,100.28)

OTHER INVESTMENTS



Allegheny Technologies Incorporated
Master Pension Trust
EIN #25-6224599 PN 040
Schedule H – Line 4i SCHEDULE OF ASSETS
(HELD AT YEAR END) DECEMBER 31, 2024

Report ID: M1102

Status: FINAL

ATI-COMB MANAGER - ALSG17569000

ALLEGHENY TECHNOLOGIES INC.

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
ALSF17587902	99F106C5A US 10YR ULTRA FUTURE (CBT) EXP MAR 25	67.000	0.00	(94,060.80)	(94,060.80)
ALSF17587902	99F133C5A US TREAS BD FUTURE (CBT) EXP MAR 25	46.000	0.00	(122,646.10)	(122,646.10)
ALSF17587902	99F139C5A US 10YR TREAS NTS FUTURE (CBT) EXP MAR 25	22.000	0.00	(43,869.10)	(43,869.10)
ALSF17587902	99F183C5A US 5YR TREAS NTS FUTURE (CBT) EXP MAR 25	85.000	0.00	(59,877.42)	(59,877.42)
ALSF17587902	99F217C5A US 2YR TREAS NTS FUT (CBT) EXP MAR 25	7.000	0.00	(3,757.56)	(3,757.56)
ALSF17587902	99F700C5A US ULTRA BOND (CBT) EXP MAR 25	184.000	0.00	(767,899.70)	(767,899.70)
TOTAL OTHER INVESTMENTS			0.00	(1,092,110.68)	(1,092,110.68)
COMMON/COLLECTIVE TRUST					
ALSF17568302	999J00325 COLLECTIVE US GOV'T STIF 15 BPS	5,253,323.970	5,253,323.97	5,253,323.97	0.00
ALSF17578302	999J00325 COLLECTIVE US GOV'T STIF 15 BPS	16,741.130	16,741.13	16,741.13	0.00
ALSF17580802	999J00325 COLLECTIVE US GOV'T STIF 15 BPS	10,127.850	10,127.85	10,127.85	0.00
ALSF17582102	999J00325 COLLECTIVE US GOV'T STIF 15 BPS	20,826.200	20,826.20	20,826.20	0.00
ALSF17582402	999J00325 COLLECTIVE US GOV'T STIF 15 BPS	4,481.550	4,481.55	4,481.55	0.00
ALSF17582702	996115960 EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	15.510	15.51	15.51	0.00
ALSF17583402	999J00325 COLLECTIVE US GOV'T STIF 15 BPS	15.200	15.20	15.20	0.00
ALSF17584602	999J00325 COLLECTIVE US GOV'T STIF 15 BPS	184.880	184.88	184.88	0.00
ALSF17584702	999G10304 SHORT TERM INVESTMENT FUNDS	1,373.500	1,373.50	1,373.50	0.00
ALSF17584902	999J00325 COLLECTIVE US GOV'T STIF 15 BPS	81.560	81.56	81.56	0.00
ALSF17587902	999J00325 COLLECTIVE US GOV'T STIF 15 BPS	316,465.330	316,465.33	316,465.33	0.00
TOTAL COMMON/COLLECTIVE TRUST			5,623,636.68	5,623,636.68	0.00
GRAND TOTAL			284,911,094.49	274,406,393.34	(10,504,701.15)

(204,190.08) C
(10,300,511.07) I

See addendum for explanation

(1,581,791)

ADJUSTED TOTAL

272,824,602