

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ATI-USW SAC-MILLERSBURG RETIREE HEALTH CARE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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) <u>VEBA COMMITTEE, ATI-USW VEBA TRUST</u></p> <p><u>60 BOULEVARD OF THE ALLIES, 5TH FL. PITTSBURGH, PA 15222</u></p>	<p>1c Effective date of plan <u>09/01/2010</u></p> <p>2b Employer Identification Number (EIN) <u>27-1404121</u></p> <p>2c Plan Sponsor's telephone number <u>412-201-2242</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JEANETTE STUMP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	521
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	413
	6c	94
	6d	507
	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:
4A 4U

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ATI-USW SAC-MILLERSBURG RETIREE HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 VEBA COMMITTEE, ATI-USW VEBA TRUST</p>	<p>D Employer Identification Number (EIN) 27-1404121</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	531	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1725569
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ATI-USW SAC-MILLERSBURG RETIREE HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 VEBA COMMITTEE, ATI-USW VEBA TRUST</p>	<p>D Employer Identification Number (EIN) 27-1404121</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0798039	95540	3697	129	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	740536
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ATI-USW SAC-MILLERSBURG RETIREE HEALTH CARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 VEBA COMMITTEE, ATI-USW VEBA TRUST	D Employer Identification Number (EIN) 27-1404121	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

T. ROWE PRICE ASSOCIATES, INC

100 EAST PRATT STREET
BALTIMORE, MD 21202

52-2264646

(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 52	INVESTMENT ISSUER/MANAGER	51504	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHNEIDER DOWNS & CO, INC

ONE PPG PLACE, SUITE 1700
PITTSBURGH, PA 15222-5416

25-1408703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	35202	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)

CENTRAL DATA SERVICES, INC

60 BLVD OF THE ALLIES, 5TH FLOOR
PITTSBURGH, PA 15222

25-1352803

(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?
13 50	NONE	24000	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)

BUCK GLOBAL, LLC

11 STANWIX STREET
PITTSBURGH, PA 15222

13-3954297

(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 16 50	NONE	17302	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)

PNC NATIONAL BANK ASSOCIATION

25-1997336

(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?
21 50	PLAN TRUSTEE	12285	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	SCHNEIDER DOWNS & CO. INC.	b EIN:	25-1408703
c Position:	INDEPENDENT ACCOUNTANT		
d Address:	ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222-5416	e Telephone:	412-261-3644

Explanation: SCHNEIDER DOWNS & CO, INC. SERVED AS THE INDEPENDENT QUALIFIED PUBLIC AUDITOR FOR THE PLAN, AND SERVED AS THE PREPARER OF THE BENEFIT PLAN FORM 5500 AND 990 TAX RETURNS FOR THE PREDCEDING PLAN YEARS THROUGH DECEMBER 31, 2023. SCHNEIDER DOWNS & CO. IN

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 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ATI-USW SAC-MILLERSBURG RETIREE HEALTH CARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 VEBA COMMITTEE, ATI-USW VEBA TRUST	D Employer Identification Number (EIN) 27-1404121

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	201485	45399
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2384802	2340389
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		78626
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7453384	8335368
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7474967	8379058
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10665209	12599908
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2940	

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	28182787	31778748
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	17162	16297
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		21000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	17162	37297
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	28165625	31741451

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)	3618922	
(B) Participants.....	2a(1)(B)	786866	
(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)		4405788
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	417197	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		417197
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	100690	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	663956	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		764646
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6705332	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	6116955	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		588377
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	769846	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		769846

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		-28586
c Other income	2c		790
d Total income. Add all income amounts in column (b) and enter total	2d		6918058

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)	2466105	
(3) Other	2e(3)	724086	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3190191
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)	24000	
(3) Recordkeeping fees	2i(3)	17302	
(4) IQPA audit fees	2i(4)	33270	
(5) Investment advisory and investment management fees	2i(5)	51504	
(6) Bank or trust company trustee/custodial fees	2i(6)	16285	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2159	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7521	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		152041
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3342232

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3575826
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GROSSMAN YANAK & FORD LLP**

(2) EIN: **25-1638525**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.



**ATI-USW SAC - MILLERSBURG RETIREE
HEALTH CARE PLAN**

**Financial Statements for the Years Ended December 31, 2024 and
2023, Supplemental Schedules as of and for the Year Ended
December 31, 2024 and Independent Auditors' Report**

ATI-USW SAC - MILLERSBURG RETIREE HEALTH CARE PLAN

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Schedules not included herein are omitted because of the absence of conditions under which they are required.



INDEPENDENT AUDITORS' REPORT

VEBA Committee
ATI-USW SAC - Millersburg
Retiree Health Care Plan

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of ATI-USW SAC - Millersburg Retiree Health Care Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2024 financial statements).

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of ATI-USW SAC - Millersburg Retiree Health Care Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of ATI-USW SAC - Millersburg Retiree Health Care Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of the VEBA Committee for the 2024 Financial Statements

The VEBA Committee is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, the VEBA Committee is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ATI-USW SAC - Millersburg Retiree Health Care Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

The VEBA Committee 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.

Auditors' Responsibilities for the Audit of the 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the 2024 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 ATI-USW SAC - Millersburg Retiree Health Care 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 the VEBA Committee, 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 ATI-USW SAC - Millersburg Retiree Health Care Plan's ability to continue as a going concern for a reasonable period of time.

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.

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the 2024 financial statements as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions are presented for the purposes of additional analysis and are not a required part of the 2024 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 the VEBA Committee and was derived from and relates directly to the underlying accounting and other records used to prepare the 2024 financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2024 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their 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 information in the accompanying schedules is fairly stated in all material respects in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Auditor's Report on the 2023 Financial Statements

The financial statements of ATI-USW SAC - Millersburg Retiree Health Care Plan as of December 31, 2023, were audited by predecessor auditors. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 7, 2024, indicated that in their opinion:

- the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and
- the information in the 2023 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).

Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2023 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).

GROSSMAN YANAK & FORD LLP

Pittsburgh, Pennsylvania
October 15, 2025

ATI-USW SAC - MILLERSBURG RETIREE HEALTH CARE PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ASSETS:		
Cash	\$ 45,399	\$ 201,485
Company contribution receivable	2,340,389	2,384,802
Investment income receivable	75,492	68,548
Investments, at fair value	29,314,334	25,525,012
Prepaid insurance	<u>3,134</u>	<u>2,940</u>
Total	<u>31,778,748</u>	<u>28,182,787</u>
LIABILITIES:		
Accounts payable	16,297	17,162
Due to broker for securities purchased	<u>21,000</u>	<u>-</u>
Total	<u>37,297</u>	<u>17,162</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 31,741,451</u>	<u>\$ 28,165,625</u>

See notes to financial statements.

ATI-USW SAC - MILLERSBURG RETIREE HEALTH CARE PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment income:		
Interest and dividends, net	\$ 1,181,844	\$ 899,401
Net appreciation in fair value of investments	1,329,637	1,726,941
Other investment income	<u>789</u>	<u>-</u>
Investment income, net	2,512,270	2,626,342
Contributions from participants	786,866	793,934
Contributions from Company	<u>3,618,922</u>	<u>3,749,101</u>
Total additions	<u>6,918,058</u>	<u>7,169,377</u>
DEDUCTIONS:		
Premiums and fees for healthcare	3,190,191	3,217,882
Administrative expenses	<u>152,041</u>	<u>142,918</u>
Total deductions	<u>3,342,232</u>	<u>3,360,800</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	<u>3,575,826</u>	<u>3,808,577</u>
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>28,165,625</u>	<u>24,357,048</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 31,741,451</u>	<u>\$ 28,165,625</u>

See notes to financial statements.

ATI-USW SAC - MILLERSBURG RETIREE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the ATI-USW SAC - Millersburg Retiree Health Care Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan was established effective September 1, 2010 pursuant to a collective bargaining agreement between Wah Chang, a division of TDY Industries, Inc., now known as ATI Specialty Alloys and Components, a division of TDY Industries, LLC (the "Company"), which is an indirect wholly owned subsidiary of ATI Inc., and the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (the "USW") and is sponsored by the VEBA Committee of the ATI-USW VEBA Trust (the "Trust"). The Trust maintains separate accounts for the Plan, as well as other plans established by the VEBA Committee.

The Plan is funded by contributions made by the Company to the Trust, investment income and contributions from participants. The Plan provides medical and prescription drug coverage to certain eligible retired bargaining unit employees of the Millersburg operations of the Company and their eligible surviving spouses and dependents.

The general administration of the Plan and the responsibility for carrying out the provisions of the Plan are placed with the VEBA Committee, which is the named fiduciary and Plan administrator. The VEBA Committee consists of four representatives, two from the USW and two from ATI Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility - Employees hired by the Company on or after June 1, 2018 are not eligible to participate in the Plan and instead receive a contribution to a defined contribution/401(k) plan sponsored by the Company. An individual hired by the Millersburg operations of the Company prior to June 1, 2018 is eligible to be a participant of the Plan based on the following criteria:

- Pre-September 1, 2010 Retirees - An employee who retired from the Company prior to September 1, 2010 who meets all of the following requirements:
 - a) The employee was an hourly employee represented in collective bargaining by the USW at the time of retirement, and

- b) The employee received retiree health benefits from the Company pursuant to a collective bargaining agreement with the USW.
- Post-August 31, 2010 Retirees Hired Before May 1, 1990 - An employee who was hired by the Company before May 1, 1990 and who retired from active employment with the Company on or after September 1, 2010 who meets all of the following requirements:
 - a) The employee was an hourly employee represented in collective bargaining by the USW at the time of retirement, and
 - b) The employee retired under the SA&C - Millersburg Part of the Allegheny Technologies Incorporated Pension Plan with one of the following retirement benefits:
 - i. Normal (age 65) or late retirement,
 - ii. Rule of 75 retirement,
 - iii. Total and permanent disability retirement and were age 55 or older at the time of the onset of the disability,
 - iv. Total and permanent disability retirement on or after April 1, 2002 and met the eligibility requirements for a Rule of 75 retirement benefit regardless of age, or
 - v. Early retirement.
- Post-August 31, 2010 Retirees Hired on or After May 1, 1990 - An employee who was hired by the Company on or after May 1, 1990, but before June 1, 2018, and who retired from active employment with the Company on or after September 1, 2010 who meets all of the following requirements:
 - a) The employee was an hourly employee represented in collective bargaining by the USW at the time of retirement, and
 - b) The employee met the eligibility requirements for a Rule of 75 retirement benefit under the SA&C - Millersburg Part of the Allegheny Technologies Incorporated Pension Plan with one of the following retirement benefits at or after age 55:
 - i. Normal (age 65) or late retirement,
 - ii. Rule of 75 retirement,
 - iii. Total and permanent disability,
 - iv. Early retirement, or

- c) The employee retired under the SA&C - Millersburg Part of the Allegheny Technologies Incorporated Pension Plan with a total and permanent disability retirement benefit on or after April 1, 2002 and met eligibility requirements for a Rule of 75 retirement benefit regardless of age.

Contributions - The cost of coverage is paid from the assets of the Plan, which is funded by contributions from the Company and contributions from eligible participants and surviving spouses.

Company contributions are pursuant to a collectively bargained agreement, as amended, between ATI Specialty Alloys & Components ("SA&C") and the USW. The agreement is effective through May 31, 2028 and provides for annual contributions of \$1,884.43 for each eligible retiree or surviving spouse, inclusive of those that elected to waive coverage, and contributions of \$2.15 for each hour worked by SA&C USW-represented employees at the Millersburg operations who were hired prior to June 1, 2018.

Annual contributions are funded within sixty days of the end of the year and are based on the average number of eligible retirees and surviving spouses during the year to which they pertain. Contributions for hours worked are funded quarterly based upon hours worked in the prior quarter.

The agreement also provides for an annual profit sharing contribution to be made by the Company to the Plan through the year ending December 31, 2027 equal to 10% of the annual operating profit of SA&C's Millersburg operations (as defined in the agreement) up to a maximum amount of \$1,000,000 annually which is to be funded within sixty days of the end of the year. The profit sharing contribution was \$1,000,000 for each of the years ended December 31, 2024 and 2023. The Company's cumulative profit sharing contribution to the Plan is not to exceed \$5,250,000 for years 2022 through 2027. Cumulative contributions earned during the years ended December 31, 2022 through 2024 total \$3,000,000. In the event that the Company's cumulative profit sharing contribution to the Plan is less than \$5,250,000 for years 2022 through 2027, the Company will fund the shortfall by contributing \$1.65 for each hour worked by SA&C USW-represented employees who were hired on or after June 1, 2018.

Furthermore, in the event that the independent actuarial assessment performed annually for the Plan determines that at least 90% of projected benefits payments cannot be paid for at least seven years (based on 3% asset returns) using projections of the maximum annual profit sharing contribution of \$1,000,000, then in the year subsequent to the determination, the Company will increase its maximum annual contribution to \$1,250,000, not to exceed \$5,000,000 for the duration of the agreement. Based on current projections, the maximum annual contribution was not increased.

Eligible participants are required to contribute a fixed dollar portion of the cost for medical and prescription drug benefits, as determined by the VEBA Committee. Participant contributions for medical and prescription drug benefits differ depending on the coverage elected.

Benefits - Post-retirement medical and prescription drug benefits provided under the Plan are determined by the VEBA Committee. Medical and prescription drug coverage for Medicare-eligible participants was provided under group insurance contracts with United Healthcare and Kaiser Permanente for the years ended December 31, 2024 and 2023. Effective January 1, 2025, medical and prescription drug coverage for Medicare-eligible participants is provided under group insurance contracts with Highmark Inc. and Kaiser Permanente. Medical and prescription drug coverage for pre-Medicare participants is provided by way of the Steelworkers Health and Welfare Fund, which has a group insurance contract with Blue Cross Blue Shield administered by Highmark.

Individual Accounts - The Plan is an individual account plan in which allocations of Company contributions, investment income and forfeitures are made to accounts maintained for each participant and, if applicable, a participant's eligible dependents. The balance in this account may be used to pay for amounts due under the Plan for medical and prescription drug coverage.

A pooled account is also maintained under the Plan into which all Company contributions, investment earnings and forfeitures from individual accounts are deposited. Individual allocations, administrative expenses and investment losses are deducted from the pooled account. At various times, the pooled account may be larger than the aggregate of amounts allocated to individual accounts.

Allocations into individual accounts are made as follows:

- (a) Prior to the beginning of each Plan year, the VEBA Committee determines the amounts of the yearly allocation(s) to the individual accounts. The VEBA Committee may determine different allocation amounts for participants and eligible dependents who are eligible for Medicare and for those who are not eligible for Medicare.
- (b) On the first business day of each calendar quarter, an amount equal to 25% of the amount of each participant and eligible dependent's yearly allocation is deducted from the pooled account and credited to the participant's and eligible dependent's account.
- (c) For a new participant and/or eligible dependent who enrolls during the course of a Plan year, 25% of the previously determined applicable yearly allocation amount shall be credited to the account(s) of those new enrollee(s) during the calendar quarter in which the enrollment takes place.

- (d) In the event a participant or eligible dependent becomes Medicare-eligible during the course of a Plan year, that individual's allocation shall be adjusted to reflect the individual's new status beginning with the calendar quarter following the date on which the participant or eligible dependent became Medicare-eligible.
- (e) A participant's contributions for coverage shall be credited to his or her and, if applicable, dependents' account(s) as received.
- (f) Each month, the amount of the applicable premium for the healthcare program in which the participant and, if applicable, his or her dependents are enrolled shall be deducted from their account(s).
- (g) At the end of each Plan year, any balance remaining in an individual account in excess of what is necessary to pay for healthcare coverage for that Plan year shall be forfeited to the pooled account.

If a participant and/or dependent dies, ceases to be eligible under the Plan or opts out of the Plan, any balance in his or her account shall be immediately forfeited to the pooled account.

If a participant dies and leaves a spouse who does not qualify as a surviving spouse, the spouse and any dependent children will cease to be covered at the end of the month in which the participant died, and any balance in his or her account(s) shall be immediately forfeited to the pooled account.

If a Participant's dependent is eligible for and elects COBRA continuation, the applicable individual account will remain active, will receive the contributions for coverage and pay out the applicable monthly premium as described above.

In no event shall any participant or dependent have any interest in his or her account or otherwise in the assets of the Plan. At no time shall any individual account be considered a savings account, investment or asset of any participant, dependent or group of participants and/or dependents. No participant, dependent or group of participants and/or dependents shall have any right to any particular asset that may have been allocated to an individual account or separate fund for accounting purposes. Allocations to the individual accounts are limited to assets in the Plan and are not guaranteed by the Company. The Plan's investments are non-participant-directed.

Administrative Expenses - The Plan pays administrative expenses that consist primarily of third-party administrative fees and professional fees.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan's financial statements are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America (U.S. GAAP).

Use of Estimates - The preparation of financial statements in accordance with U.S. GAAP requires the VEBA Committee to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the dates of the financial statements. Actual results could differ from those estimates.

Cash - The Plan maintains cash at a financial institution which may at times exceed federally insured limits and which may at times exceed the amount reflected in the statements of net assets available for benefits due to outstanding checks.

Investment Valuation and Income Recognition - Plan investments are stated at fair value as more fully described below. The Plan presents net appreciation (depreciation) in the fair value of its investments, which consists of unrealized appreciation and depreciation as well as realized gains and losses in the statements of changes in net assets available for benefits. The unrealized appreciation (depreciation) of investments is determined by the change in current fair value from the beginning of the year (if held for the entire year) to the end of the year, or from the date of purchase to the end of the year. Realized gains (losses) are determined by the change in value from the date of purchase to the date of sale. Purchases and sales of securities are recognized on the trade date. Interest and dividend income is recorded as earned.

U.S. GAAP establishes a framework for measuring fair value of financial assets which provides 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 (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access,
- Level 2 Inputs are not quoted prices in active markets but they are observable either directly or indirectly; and
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset'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 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 or 2023.

Mutual Funds - Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded (Level 1 inputs).

Stocks - Valued at the closing price reported on the active market on which the individual securities are traded (Level 1 inputs).

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the VEBA Committee believes that the 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 dates.

Risks and Uncertainties - The Plan invests in securities that 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 amounts reported in the statements of net assets available for benefits.

Reclassifications - Certain amounts in the 2023 financial statements have been reclassified to conform to the 2024 presentation.

Subsequent Events - The VEBA Committee has evaluated subsequent events through October 15, 2025, the date which the financial statements were available to be issued.

3. INVESTMENTS

The Plan's investments are held in trust by PNC Bank, NA. The following table presents the Plan's investments by type at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Mutual funds		
Equity	\$ 2,874,736	\$ 2,704,068
Bond	9,725,172	7,932,145

Money market	\$ 8,335,367	\$ 7,422,438
Stocks	<u>8,379,059</u>	<u>7,466,361</u>
Total	<u>\$ 29,314,334</u>	<u>\$ 25,525,012</u>

4. TRUSTEE CERTIFICATION (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements, including investments held at December 31, 2023 and net investment income for the year ended December 31, 2023, was obtained by the VEBA Committee and agreed to or derived from information certified as complete and accurate by PNC Bank NA, the trustee of the Plan.

5. TAX STATUS

The Trust established to hold the Plan's assets received an exemption letter from the Internal Revenue Service (IRS) dated February 6, 2014 stating that the IRS determined that the Trust is exempt from federal income tax under Section 501(c)(9) of the Internal Revenue Code (IRC). The Trust has been amended since receiving the determination letter. However, the VEBA Committee believes that the Trust is currently designed and being operated in compliance with the applicable requirements of the IRC and has no unrelated business income and, therefore, is exempt from federal income taxes.

U.S. GAAP prescribes a comprehensive model for the financial statement recognition, measurement, presentation, and disclosure of uncertain tax positions taken or expected to be taken in income tax returns. The VEBA Committee believes that there is no liability related to uncertain tax positions at December 31, 2024 or 2023. The Plan is no longer subject to income tax examinations for years prior to December 31, 2021.

6. PLAN TERMINATION

While the parties have not expressed any intentions to do so, the Plan and Trust may be terminated at any time by an instrument in writing by the agreement of the USW, ATI Inc., and PNC Bank, NA. In the event of termination, the assets in the Trust shall be paid out at the direction of the VEBA Committee in the following order of priority: 1) the payment of reasonable and necessary administrative expenses, 2) the payment of benefits to participants for claims arising prior to such termination, and 3) cash distribution for the health and other welfare benefits of participants until the assets have been exhausted.

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are issued by T. Rowe Price, which serves as the Plan's investment manager. The Plan also has arrangements with other service providers for various administrative functions. In addition,

certain VEBA Committee members are compensated by the Plan. The costs associated with these transactions are included in administrative expenses. Therefore, these transactions qualify as party-in-interest transactions.

ATI-USW SAC - MILLERSBURG RETIREE HEALTH CARE PLAN
EIN: 27-1404121 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE , LINE 4i)
 DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
Mutual Funds:					
*	T. Rowe Price	Government Money Fund	7,811,680	\$ 7,811,680	\$ 7,811,680
	Federated Hermes	Government Obligations Fund	523,687	523,687	523,687
*	T. Rowe Price	Total Return Fund	658,982	6,532,144	5,456,367
*	T. Rowe Price	QM US Bond Index Fund	287,270	2,700,000	2,723,323
*	T. Rowe Price	Short-Term Bond Fund	283,614	1,346,279	1,304,626
*	T. Rowe Price	Ultra-Short Term Fund	27,504	138,792	139,446
*	T. Rowe Price	Multi-Strategy Total Return Fund	11,181	107,000	101,410
*	T. Rowe Price	Spectrum International Fund	65,278	854,206	915,194
*	T. Rowe Price	Integrated US Small Cap Growth Fund	10,867	510,000	472,593
*	T. Rowe Price	Mid-Cap Value Fund	14,197	400,000	452,042
*	T. Rowe Price	Small Cap Stock Fund	5,388	243,514	302,961
*	T. Rowe Price	Mid-Cap Growth Fund	2,675	217,277	267,600
*	T. Rowe Price	Div M/C Growth	4,263	200,000	195,779
*	T. Rowe Price	International Stock Fund	6,964	145,000	135,040
*	T. Rowe Price	International Value Equity Fund	7,943	145,000	133,527
Stocks:					
	Alphabet Inc.	Common Stock	2,900	114,639	552,276
	Apple Inc.	Common Stock	2,200	55,388	550,924
	Amazon.Com Inc.	Common Stock	2,500	67,897	548,475
	Nvidia Corporation	Common Stock	3,950	68,765	530,445
	Microsoft Corporation	Common Stock	1,200	58,962	505,800
	Mastercard Incorporated	Common Stock	575	48,435	302,778
	JP Morgan Chase & Co.	Common Stock	1,000	60,146	239,710
	Costco Wholesale Corporation	Common Stock	250	35,452	229,068
	Visa Inc.	Common Stock	650	63,061	205,426
	Home Depot Inc.	Common Stock	525	50,279	204,220
	UnitedHealth Group Incorporated	Common Stock	400	39,588	202,344
	Booking Holdings Inc.	Common Stock	40	50,592	198,737

(continued)

ATI-USW SAC - MILLERSBURG RETIREE HEALTH CARE PLAN
EIN: 27-1404121 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	Marriott International, Inc.	Common Stock	700	\$ 49,120	\$ 195,258
	Danaher Corporation	Common Stock	800	59,183	183,640
	Intuitive Surgical, Inc.	Common Stock	350	59,161	182,686
	Amphenol Corporation	Common Stock	2,300	55,467	159,735
	Stryker Corp.	Common Stock	425	47,250	153,021
	Analog Devices, Inc.	Common Stock	700	43,608	148,722
	Accenture PLC	Common Stock	400	46,612	140,716
	Eli Lilly & Company	Common Stock	175	115,765	135,100
	Aon PLC	Common Stock	350	37,182	125,706
	Linde PLC	Common Stock	300	41,327	125,601
	PepsiCo, Inc.	Common Stock	800	79,252	121,648
	Wells Fargo & Company	Common Stock	1,700	83,806	119,408
	American Tower Corporation	Common Stock	650	63,358	119,217
	Procter & Gamble Company	Common Stock	700	57,520	117,355
	NextEra Energy, Inc.	Common Stock	1,600	61,660	114,704
	Texas Instruments Incorporated	Common Stock	600	67,622	112,506
	Marsh & McLennan Companies Inc.	Common Stock	525	60,543	111,515
	Elevance Health Inc.	Common Stock	300	84,495	110,670
	Johnson & Johnson	Common Stock	750	85,175	108,465
	Waste Connections Inc.	Common Stock	600	49,583	102,948
	Merck & Co., Inc.	Common Stock	975	58,779	96,993
	Union Pacific Corporation	Common Stock	425	84,777	96,917
	Coca-Cola Company	Common Stock	1,325	67,173	82,495
	United Parcel Service, Inc.	Common Stock	650	63,285	81,965
	Walt Disney Company	Common Stock	700	71,929	77,945
	Ross Stores, Inc.	Common Stock	500	40,382	75,635
	Exxon Mobil Corporation	Common Stock	700	63,239	75,299
	Salesforce, Inc.	Common Stock	225	33,259	75,224
	3M Company	Common Stock	175	23,267	22,591

(continued)

ATI-USW SAC - MILLERSBURG RETIREE HEALTH CARE PLAN
EIN: 27-1404121 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
 DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	Amgen Inc.	Common Stock	250	\$ 34,586	\$ 65,160
	Roper Technologies, Inc.	Common Stock	125	41,013	64,981
	Colgate-Palmolive Company	Common Stock	700	47,525	63,637
	Honeywell International Inc.	Common Stock	250	31,563	56,473
	Old Dominion Freight Line, Inc.	Common Stock	300	46,475	52,920
	Chevron Corporation	Common Stock	325	38,006	47,073
	Ecolab Inc.	Common Stock	200	22,159	46,864
	McCormick & Co. Inc.	Common Stock	600	30,134	45,744
	Prologis, Inc.	Common Stock	400	47,085	42,280
	Workday, Inc.	Common Stock	150	40,591	38,704
	Advanced Micro Devices, Inc.	Common Stock	301	26,633	36,358
	American Water Works Company, Inc.	Common Stock	600	50,661	74,694
	Becton, Dickinson and Company	Common Stock	325	75,569	73,733
	Boeing Co.	Common Stock	150	<u>45,201</u>	<u>26,550</u>
	Total			<u>\$ 24,918,763</u>	<u>\$ 29,314,334</u>

*Party-in-interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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


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

Part II Basic Plan Information - enter all requested information

1a Name of plan ATI-USW SAC-MILLERSBURG RETIREE HEALTH CARE PLAN	1b Three-digit plan number (PN) ▶ 501
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) VEBA COMMITTEE, ATI-USW VEBA TRUST 60 BOULEVARD OF THE ALLIES, 5TH FL. PITTSBURGH PA 15222	1c Effective date of plan 09/01/2010 2b Employer Identification Number (EIN) 27-1404121 2c Plan Sponsor's telephone number 412-201-2242 2d Business code (see instructions) 525100

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

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

SIGN HERE		10/15/25	JEANETTE STUMP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

**ATI-USW SAC - MILLERSBURG RETIREE HEALTH CARE PLAN
EIN: 27-1404121 PLAN (501)**

SCHEDULE OF REPORTABLE TRANSACTIONS (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain (Loss)
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Category (i): Single transactions in excess of 5% of the current value of plan assets:

T. Rowe Price	Government Money Fund	\$ 2,100,000	-	-	-
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Category (iii): Series of transactions with the same security in excess of 5% of the current value of plan assets:

T. Rowe Price*	Government Money Fund	\$ 6,142,000	\$ 5,229,000	\$ 5,229,000	-
Federated Hermes**	Government Obligations Fund	2,008,247	2,008,317	2,008,317	-
T. Rowe Price***	QM US Bond Index Fund	1,950,000	-	-	-

* Aggregate of twenty purchases, one of which individually exceeded 5% of the plan assets at the beginning of the year, and twenty-five sales, none of which individually exceed 5% of the plan assets at the beginning of the year.

** Aggregate of seven purchases and fives sales, none of which individually exceed 5% of the plan assets at the beginning of the year.

*** Aggregate of three purchases, none of which individually exceeded 5% of the plan assets at the beginning of the year.