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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
GRAFTECH INTERNATIONAL HOLDINGS INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/25/1991

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)
GRAFTECH INTERNATIONAL HOLDINGS INC

HUMAN RESOURCE DEPARTMENT

982 KEYNOTE CIRCLE
BROOKLYN HEIGHTS, OH 44131

2b Employer Identification Number (EIN)
06-1249029

2c Plan Sponsor's telephone number
216-676-2681

2d Business code (see instructions)
335900

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.	10/14/2026	KRISTEN ALEXA-KNEISEL
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1362
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2
b	Retired or separated participants receiving benefits	**6b**	524
c	Other retired or separated participants entitled to future benefits	**6c**	78
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	604
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	155
f	Total. Add lines **6d** and **6e**.	**6f**	759
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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 Characteristic Codes in the instructions:

1A 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
GRAFTECH INTERNATIONAL HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GRAFTECH INTERNATIONAL HOLDINGS INC

D Employer Identification Number (EIN)
06-1249029

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	76111759
b Actuarial value	**2b**	75743156

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1133	75934550	75934550
b For terminated vested participants	227	10974152	10974152
c For active participants	2	215928	215928
d Total	1362	87124630	87124630

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1257000
c Target normal cost	**6c**	1257000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

STEPHEN TOEPKE
Type or print name of actuary

26-08144
Most recent enrollment number

GALLAGHER BENEFIT SERVICES INC.
Firm name

925-356-3840
Telephone number (including area code)

3600 AMERICAN BLVD WEST
SUITE 500
BLOOMINGTON, MN 55431
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.62 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3625
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.99 %		181
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		3806
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.93 %
15	Adjusted funding target attainment percentage	15	86.93 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.79 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	465000	0			
07/11/2025	465000	0			
10/10/2025	465000	0			
01/13/2026	465000	0			
09/15/2026	652022	0			
			Totals ► 18(b)	2512022	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2395613

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1257000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11381474	1138613
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2395613

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	2395613
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2395613
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GRAFTECH INTERNATIONAL HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRAFTECH INTERNATIONAL HOLDINGS INC

D Employer Identification Number (EIN)
06-1249029

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).. . . . . [X] Yes [ ] No

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

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

AON COLLECTIVE INVESTMENT TRUST

37-6543784

(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)

GALLAGHER BENEFIT SERVICES, INC.

36-4291971

(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 14 16 50	NONE	353125	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	222609	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KELLEY DRYE & WARREN LLP

3 WORLD TRADE CENTER
175 GREENWICH STREET
NEW YORK, NY 10007

(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?
29 50	NONE	184859	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GALLAGHER FIDUCIARY ADVISORS, LLC

310 GRANT ST
STE 802
PITTSBURGH, PA 15219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	85236	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON INVESTMENTS USA INC.

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	40527	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEADEN & MOORE LTD

34-1818258

(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	12100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18 50	NONE	6900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GRAFTECH INTERNATIONAL HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GRAFTECH INTERNATIONAL HOLDINGS INC

D Employer Identification Number (EIN)
06-1249029

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: LGIMA LONG DURATION US CREDIT FUND

b Name of sponsor of entity listed in (a): LEGAL & GENERAL INVESTMENT MANAGEMENT AMERICA INC.

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)
35-7085469-020	C	11663983

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US INVESTMENT GRADE CORP

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

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)
04-6913417-189	C	11581423

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GRAFTECH INTERNATIONAL HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRAFTECH INTERNATIONAL HOLDINGS INC

D Employer Identification Number (EIN)
06-1249029

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	130000	1117022
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6285	27963
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1606135	1214423
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	74369546	23245406
(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)	0	26190042
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	76111966	51794856
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	96357	106062
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	96357	106062
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	76015609	51688794

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)	2512022	
(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)		2512022
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	233	
(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)		233
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2020611	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2020611
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2109432
(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)		2740855
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9383153
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32051973	
(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)		32051973
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)	49875	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	12100	
(5) Investment advisory and investment management fees	2i(5)	125763	
(6) Bank or trust company trustee/custodial fees	2i(6)	6900	
(7) Actuarial fees	2i(7)	525859	
(8) Legal fees	2i(8)	184859	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	18431	
(11) Other expenses	2i(11)	734208	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1657995
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33709968
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-24326815
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) [X] 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) [X] 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: MEADEN & MOORE **(2)** EIN: 34-1818258

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589130.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GRAFTECH INTERNATIONAL HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRAFTECH INTERNATIONAL HOLDINGS INC

D Employer Identification Number (EIN)
06-1249029

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 25-1926855

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 559

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 28.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 72.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Financial Statements and Report of Independent Certified Public Accountants

GrafTech International Holdings, Inc. Retirement Plan

December 31, 2025 and 2024

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MEADEN & MOORE

INDEPENDENT AUDITOR'S REPORT

Administrative Committee
GrafTech International Holdings, Inc. Retirement Plan
Brooklyn Heights, Ohio

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

We have performed an audit of the financial statements of GrafTech International Holdings, Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution, The Bank of New York Mellon/BNY Mellon, N/A., as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be

independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

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

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

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Meaden & Moore, Ltd.

Meaden & Moore, Ltd.
Akron, Ohio

October 12, 2026

GRAFTECH INTERNATIONAL HOLDINGS, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	
	2025	2024
Assets:		
Investments, at fair value:	$ 49,435,448	$ 74,369,546
Cash, non-interest bearing	1,214,423	1,606,135
Employer contribution receivable	1,117,022	130,000
Interest receivable	27,963	6,285
Total assets	51,794,856	76,111,966
Liabilities:		
Accrued expenses	106,062	96,357
Net assets available for benefits	$ 51,688,794	$ 76,015,609

See accompanying notes

GRAFTECH INTERNATIONAL HOLDINGS INC. RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2025	2024
Additions:		
Employer contributions	$ 2,512,022	$ 1,915,000
Investment income:		
Net appreciation in fair value	$ 4,762,984	$ 2,598,206
Interest and dividends	2,108,147	125,845
Total investment income	6,871,131	2,724,051
Deductions:		
Benefits paid to participants	32,051,973	8,417,342
Administrative expenses	1,657,995	1,231,874
Total Deductions	33,709,968	9,649,216
Net decrease	(24,326,815)	(5,010,165)
Net assets available for benefits:		
Beginning of year	76,015,609	81,025,774
End of year	$ 51,688,794	$ 76,015,609

See accompanying notes

NOTE 1 - PLAN DESCRIPTION

The following brief description of the GrafTech International Holdings, Inc. Retirement Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General - The Plan is a non-contributory defined benefit pension plan covering substantially all domestic employees of GrafTech International Holdings, Inc. (Company) hired prior to January 1, 2002 as well as certain collectively bargained employees hired after that date. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Effective January 1, 2015, the Plan was amended and restated to comply with updates to applicable tax regulations.

The Company is a wholly owned subsidiary of GrafTech International Ltd. (GTI) through which the Company conducts most of its United States operations. GTI is a publicly traded entity (NYSE: EAF).

Funding policy - The Company's funding policy is to make contributions to the Plan in amounts not less than the minimum funding requirements of ERISA and not more than the maximum tax-deductible amount permitted by the Internal Revenue Code (the Code). In accordance with this policy, $2,512,022 of Company contributions were required for 2025, $1,395,000 of which were made in 2025 and $1,117,022 of which were made in 2026. $1,915,000 of Company contributions were required for 2024, $1,785,000 of which were made in 2024 and $130,000 of which were made in 2025. The Company's contributions for 2025 and 2024 met the minimum funding requirements of ERISA.

Pension benefits - Employees with 5 or more years of credited service are entitled to pension benefits beginning at normal retirement age (65) primarily based upon final average earnings and years of credited service through the applicable date the Plan was frozen. The Plan permits early retirement at age 50 with 10 or more years of credited service. Employees with years of credited service plus age totaling 85 or employees at age 62 with 10 or more years of credited service are entitled to unreduced early retirement benefits. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity or other contingent annuities.

On January 1, 2002 the Plan became frozen to new entrants. On March 31, 2003 the credited service for the grandfathered group (participants who were age 40 or older with at least five years of credited service on January 1, 2002) was frozen. On April 30, 2003, the credited service for the Columbia, TN location of the Union group was frozen. On July 31, 2003, the credited service for the Lawrenceburg, TN location of the Union group was frozen. On August 1, 2004, the credited service for the Clarksburg, WV location of the Union group was frozen. The Plan is now frozen for all employees. The Plan will remain in existence as long as necessary to pay benefits.

Effective October 2, 2025, the Plan was amended for the following provisions:

- to offer a limited-time, voluntary lump sum window to 1) all terminated vested participants, 2) all beneficiaries, 3) alternate payees with rights to unpaid benefits under the Plan, who have not yet commenced their benefits as of the effective date of this amendment, and 4) for those retirees, beneficiaries, or alternate payees in pay status whose current monthly benefit is $1,000 or less. The total payouts will not exceed $20,000,000 in total. Effective November 3, 2025, the Plan was amended to increase the total payouts to not exceed $24,000,000 in total.

- to increase the involuntary cash out of small benefits amounts under the Plan to $7,000.
- to clarify the forms of payment offered and how death benefits under the Plan are determined and administered.

Death and disability benefits - If an active employee with at least five years of credited service dies at age 50 or older, a survivor benefit equal to 50% of the value of the employee's accumulated pension benefits is paid to the employee's beneficiary on the first of the month following the employee's date of death. If an active employee with at least five years of credited service dies under age 50, a survivor benefit equal to 50% of the value of the employee's accumulated pension benefits is paid to the employee's beneficiary on the first of the month that the employee would have been eligible to retire.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the average of the highest three calendar years of pensionable wages during the ten-year period preceding the date of retirement, death or termination up to the applicable date that the Plan was frozen. Benefits payable under all circumstances -

retirement, death, disability - are included, to the extent they are deemed attributable to employee service rendered through the applicable date that the Plan was frozen.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Trustee fees, investment management fees and Pension Benefit Guaranty Corporation (PBGC) premiums are generally paid by the Plan. All other administrative expenses are paid by the Company.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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 or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3: Inputs that are unobservable inputs for the asset or liability

There have been no changes in the fair value methodologies used as of December 31, 2025 and 2024. The following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2025 and 2024.

- *Equity securities* – Valued using the closing price reported on the active market on which the individual securities are traded.
- *Fixed income securities* – Valued using both market observable inputs for similar assets that are traded on an active market and the closing price on the active market on which the individual securities are traded.
- *Other* - Primarily a tactical, multi-asset “fund of funds” that allocates across various asset classes rather than being strictly limited to equity or fixed income.

- *Collective trusts* – Valued at the net asset value provided by the administrator of the fund (the practical expedient). The net asset value is primarily based on quoted market prices of the underlying securities for which quoted market prices of the underlying securities of the funds. Some of the underlying investments include securities for which quoted market prices are not available and are valued using data obtained by the trustee from the best available source or market value. This method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although we believe its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

  The Aon Hewitt Collective Investment Trust (AHCT) is comprised of separate investment funds which were offered through a private placement. The Plan holds units of certain of the Aon Hewitt Collective Investment Trust funds. The units are valued based on the net asset value (NAV) which is based primarily on quoted market prices of the underlying securities of the funds. Certain of the funds' underlying investments include securities for which quoted market prices are not available. Those securities are valued using data obtained by the trustee from the best source available (i.e., brokers, dealers, and /or appraisers) or the market value of similar investments with a readily ascertainable market value.

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

The following table summarizes the Plan's assets measured at fair value as of December 31, 2025:

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Equity securities	$10,536,676	$ —	$ —	$10,536,676
Fixed income securities	12,256,554	11,581,423	—	23,837,977
Other	3,396,812	—	—	3,396,812
Investments measured at net asset value				11,663,983
Total	$26,190,042	$11,581,423	$ —	$49,435,448

As of December 31, 2024, all investments were measured at net asset value.

	December 31, 2024
Aon Hewitt Collective Investment Trust:	
Common Collective Trust	$ 74,369,546

There were no unfunded commitments in any funds as of both periods presented. All funds feature daily redemption frequency, a 15 day redemption notice period and no redemption restrictions.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated following the order of priority established by ERISA and its related regulations.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC may not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and, may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by an actuary from Aon Consulting (2024) and Gallagher (2025) and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of January 1, 2025 was as follows:

Vested Benefits		
Participants currently receiving benefits	$	71,461,624
Other participants		10,245,051
		81,706,675
Non-Vested benefits		4,675
Total actuarial present value of accumulated plan benefits	$	81,711,350

The table below outlines changes in the present value of accumulated plan benefits:

Actuarial present value of accumulated plan benefits as of January 1, 2024	$	85,960,623
(Decreases) Increases attributed to:		
Benefits paid		(8,417,342)
Change in actuarial assumptions		27,404
Other changes - benefit accruals		(972,818)
Interest		5,113,483
		(4,249,273)
Actuarial present value of accumulated plan benefits as of January 1, 2025	$	81,711,350

The significant actuarial assumptions used in the above valuations were as follows:

Life expectancy:	Pri-2012 mortality study projected generationally using scale MP-2021 as adjusted to reflect anticipated near-term and long-term endemic effects of COVID-19 (2025 and 2024)
Interest rate:	6.25% (2025) 6.25% (2024)
Assumed retirement age:	Varying from ages 50 to 70, with the weighted average retirement age being 65 (2025 and 2024)

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

NOTE 6 – SUMMARY OF FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Bank of New York Mellon/BNY Mellon, N.A., as trustee of the Plan has certified to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Benefits, the related investment activity reflected in the Statements of Changes in Net Assets Available for Benefits, and the supplemental schedule. Amounts certified by the trustee have not been subjected to auditing procedures.

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of a collective trust managed by the trustee and, therefore, these transactions qualify as party-in-interest transactions which are exempt from being prohibited

transactions (2024). In addition, the Plan has arrangements with various service providers and these arrangements qualify as party in interest transactions.

NOTE 8 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated October 21, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there were no uncertain positions taken or expected to be taken that would require the recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

NOTE 10 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2025 financial statements for subsequent events through October 12, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

Schedule SB, Line 26a – Schedule of Active Participant Data as of January 1, 2025

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

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

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

Prescribed Funding/PBGC Assumptions and Methods

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

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.07%	4.75%
Second Segment Rate	5.31%	4.87%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.31%	4.99%
Funding Rates – Unconstrained**		
First Segment Rate	5.07%	3.62%
Second Segment Rate	5.33%	4.46%
Third Segment Rate	5.36%	4.52%
Effective Interest Rate	5.30%	4.38%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction purposes.

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

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 mortality improvement scale.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the plan administrative expenses expected to be paid from plan assets during the year.

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Salary increases

None.

Expenses

The Target Normal Cost, $1,257,000, includes administrative expenses expected to be paid from the trust of $523,000 and the actual 2025 PBGC premium of $734,208, rounded to the nearest $1,000.

Frequency of optional payment forms

Based on optional form elected for current retirees.

Active employees currently working for a divested employer are assumed to elect the QJSA if married and a life annuity, if single.

Vested Terminated participants are assumed to elect a life annuity at age 65.

Marital percentage

80% of males and 50% of females are assumed to be married at death. Male spouses are assumed to be 3 years older than female spouses.

Retirement rates

Active and divested participants who are eligible for retirement are assumed to commence benefits in accordance with the following schedule:

Age	Assumption
50-54	3.00%
55-58	2.00%
59-60	7.00%
61	10.00%
62	15.00%
63	12.00%
64	15.00%
65	50.00%
66-69	30.00%
70+	100.00%

Terminated vested participants are assumed to commence receiving benefits at age 65.

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Sample rates as follows:

Age	Male	Female
25	0.080%	0.120%
30	0.080%	0.120%
35	0.085%	0.128%
40	0.098%	0.147%
45	0.132%	0.198%
50	0.238%	0.357%
55	0.454%	0.681%

Withdrawal rates for active and divested participants not eligible for retirement

Sample rates as follows:

Age	Male	Female
20	12.32%	20.79%
25	12.32%	20.79%
30	8.12%	13.59%
35	5.06%	8.04%
40	3.26%	4.71%
45	2.49%	3.26%
50	1.00%	1.00%
55+	0.00%	0.00%

Asset valuation method

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

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2025 Expected Return	6.25%	5.50%	5.50%
2024 Expected Return	6.25%	5.59%	5.59%
2023 Expected Return	5.75%	5.74%	5.74%

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods (continued)

Funding Assumptions and Methods

Summary of Changes from the January 1, 2024 Valuation

The Segment Rates were updated for the 2025 plan year, as required by IRS Regulations under IRC Section 430 for minimum funding purposes. This decreased the funding target by $2,160,966.

The expected administrative expenses were updated to reflect GrafTech's best estimate of expected administrative expenses to be paid from the trust during 2025.

As part of the transition from the prior actuary and data clean-up, the data elements used for the valuation were updated to use final accrued benefits for all participants not yet in pay. The total impact of these updates was a reduction in the target liability of about 1.3%.

GRAFTECH INTERNATIONAL HOLDINGS, INC. RETIREMENT PLAN
Schedule H, Line 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN # 06-1249029, Plan # 001
Year Ended December 31, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Single Transactions in excess of 5%								
BNY Mellon	AON LARGE CAP EQUITY INDEX	$ —	$ 5,220,493	$ —	$ —	$ 2,734,238	$ —	$ 2,486,255
BNY Mellon	LONG CR BD	$ —	$36,316,475	$ —	$ —	$41,975,912	$ —	$ (5,659,437)
BNY Mellon	INTERMEDIATE CR BD	$ —	$20,439,275	$ —	$ —	$19,761,198	$ —	$ 678,077
BNY Mellon	VANGUARD TTL INT ST IDX-ADM	$ 4,287,000	$ —	$ —	$ —	$ 4,287,000	$ 4,287,000	$ —
BNY Mellon	VANGUARD TTL BD MKT IDX-INST	$15,719,000	$ —	$ —	$ —	$15,719,000	$ 15,719,000	$ —
BNY Mellon	VANGUARD TTL BD MKT IDX-INST	$ —	$ 4,600,000	$ —	$ —	$ 4,464,621	$ —	$ 135,379
BNY Mellon	VANGUARD 500 INDEX-ADM	$ 5,001,000	$ —	$ —	$ —	$ 5,001,000	$ 5,001,000	$ —
BNY Mellon	WELLINGTON TR CO NATL ASSN	$18,935,000	$ —	$ —	$ —	$18,935,000	$ 18,935,000	$ —
BNY Mellon	WELLINGTON TR CO NATL ASSN	$ —	$ 7,400,000	$ —	$ —	$ 7,295,030	$ —	$ 104,970
BNY Mellon	BNY MELLON CASH RESERVE	$ 7,400,000	$ —	$ —	$ —	$ 7,400,000	$ 7,400,000	$ —
BNY Mellon	BNY MELLON CASH RESERVE	$ —	$ 7,400,000	$ —	$ —	$ 7,400,000	$ —	$ —
BNY Mellon	EB TEMP INV FD	$39,104,520	$ —	$ —	$ —	$39,104,520	$ 39,104,520	$ —
BNY Mellon	EB TEMP INV FD	$ —	$37,870,000	$ —	$ —	$37,870,000	$ —	$ —
BNY Mellon	EB TEMP INV FD	$10,400,000	$ —	$ —	$ —	$10,400,000	$ 10,400,000	$ —
BNY Mellon	EB TEMP INV FD	$ 7,400,000	$ —	$ —	$ —	$ 7,400,000	$ 7,400,000	$ —
BNY Mellon	EB TEMP INV FD	$ 7,200,000	$ —	$ —	$ —	$ 7,200,000	$ 7,200,000	$ —
BNY Mellon	EB TEMP INV FD	$ —	$23,497,655	$ —	$ —	$23,497,655	$ —	$ —

BNY Mellon	EB TEMP INV FD	$ 5,086,300	$ —	$ —	$ —	$ 5,086,300	$ 5,086,300	$ —
BNY Mellon	EB TEMP INV FD	$ —	$ 5,293,007	$ —	$ —	$ 5,293,007	$ —	$ —
BNY Mellon	LGIMA LONG DURATION US CREDIT	$18,935,000	$ —	$ —	$ —	$18,935,000	$ 18,935,000	$ —
BNY Mellon	LGIMA LONG DURATION US CREDIT	$ —	$ 7,200,000	$ —	$ —	$ 6,756,053	$ —	$ 443,947
Series of Transactions in excess of 5%								
BNY Mellon	AON LARGE CAP EQUITY INDEX	$ —	$ 5,220,493	$ —	$ —	$ 2,734,238	$ —	$ 2,486,255
BNY Mellon	LONG CR BD	$ —	$36,316,475	$ —	$ —	$41,975,912	$ —	$ (5,659,437)
BNY Mellon	INTERMEDIATE CR BD	$ —	$20,439,275	$ —	$ —	$19,761,198	$ —	$ 678,077
BNY Mellon	VANGUARD TTL INT ST IDX-ADM	$ 5,674,962	$ —	$ —	$ —	$ 5,674,962	$ 5,674,962	$ —
BNY Mellon	VANGUARD TTL INT ST IDX-ADM	$ —	$ 2,300,000	$ —	$ —	$ 1,958,624	$ —	$ 341,376
BNY Mellon	VANGUARD TTL BD MKT IDX-INST	$17,052,711	$ —	$ —	$ —	$17,052,711	$ 17,052,711	$ —
BNY Mellon	VANGUARD TTL BD MKT IDX-INST	$ —	$ 6,600,000	$ —	$ —	$ 6,439,995	$ —	$ 160,005
BNY Mellon	VANGUARD L/T TRSRY INDX-ADM	$ 2,168,220	$ —	$ —	$ —	$ 2,168,220	$ 2,168,220	$ —
BNY Mellon	VANGUARD L/T TRSRY INDX-ADM	$ —	$ 1,900,000	$ —	$ —	$ 1,895,880	$ —	$ 4,120
BNY Mellon	VANGUARD I/T TRSRY INDX-ADM	$ 3,194,540	$ —	$ —	$ —	$ 3,194,540	$ 3,194,540	$ —
BNY Mellon	VANGUARD I/T TRSRY INDX-ADM	$ —	$ 2,150,000	$ —	$ —	$ 2,111,764	$ —	$ 38,236
BNY Mellon	VANGUARD SML CAP INDX-ADM	$ 2,858,726	$ —	$ —	$ —	$ 2,858,726	$ 2,858,726	$ —
BNY Mellon	VANGUARD SML CAP INDX-ADM	$ —	$ 2,000,000	$ —	$ —	$ 1,962,692	$ —	$ 37,308
BNY Mellon	VANGUARD 500 INDEX-ADM	$ 6,352,163	$ —	$ —	$ —	$ 6,352,163	$ 6,352,163	$ —
BNY Mellon	VANGUARD 500 INDEX-ADM	$ —	$ 2,100,000	$ —	$ —	$ 1,910,335	$ —	$ 189,665
BNY Mellon	WELLINGTON TR CO NATL ASSN	$20,492,422	$ —	$ —	$ —	$20,492,422	$ 20,492,422	$ —
BNY Mellon	WELLINGTON TR CO NATL ASSN	$ —	$ 9,000,000	$ —	$ —	$ 8,883,528	$ —	$ 116,472

BNY Mellon	BNY MELLON CASH RESERVE	$ 9,139,428	$ —	$ —	$ —	$ 9,139,428	$ 9,139,428	$ —	
BNY Mellon	BNY MELLON CASH RESERVE	$ —	$ 9,139,428	$ —	$ —	$ 9,139,428	$ —	$ —	
BNY Mellon	EB TEMP INV FD	$81,367,751	$ —	$ —	$ —	$81,367,751	$ 81,367,751	$ —	
BNY Mellon	EB TEMP INV FD	$ —	$81,759,463	$ —	$ —	$81,759,463	$ —	$ —	
BNY Mellon	LGIMA LONG DURATION US CREDIT	$19,625,000	$ —	$ —	$ —	$19,625,000	$ 19,625,000	$ —	
BNY Mellon	LGIMA LONG DURATION US CREDIT	$ —	$ 9,075,628	$ —	$ —	$ 8,581,947	$ —	$ 493,681	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
GRAFTECH INTERNATIONAL HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GRAFTECH INTERNATIONAL HOLDINGS INC

D Employer Identification Number (EIN)
06-1249029

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	2a	76,111,759
b Actuarial value	2b	75,743,156

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,133	75,934,550	75,934,550
b For terminated vested participants	227	10,974,152	10,974,152
c For active participants	2	215,928	215,928
d Total	1,362	87,124,630	87,124,630

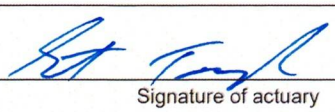
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.31%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	1,257,000
c Target normal cost	6c	1,257,000

Statement by Enrolled Actuary

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

SIGN HERE



Signature of actuary

10/14/2026
Date

Stephen Toepke
Type or print name of actuary

2608144
Most recent enrollment number

Gallagher Benefit Services Inc.
Firm name

925-356-3840
Telephone number (including area code)

3600 American Blvd West
Suite 500
Bloomington MN 55431
Address of the firm

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

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
50	2.9487	0.0198	0.0585	2.9231
51	4.8737	0.0300	0.1462	7.4567
52	8.7200	0.0300	0.2616	13.6031
53	10.4443	0.0300	0.3133	16.6064
54	14.1123	0.0300	0.4234	22.8620
55	14.6610	0.0200	0.2932	16.1271
56	16.3359	0.0200	0.3267	18.2962
57	18.9699	0.0200	0.3794	21.6256
58	21.5399	0.0200	0.4308	24.9863
59	25.0455	0.0700	1.7532	103.4377
60	28.2100	0.0700	1.9747	118.4822
61	29.1346	0.1000	2.9135	177.7212
62	27.1087	0.1500	4.0663	252.1109
63	25.9283	0.1200	3.1114	196.0183
64	28.6980	0.1500	4.3047	275.5010
65	26.2513	0.5000	13.1257	853.1682
66	13.9854	0.3000	4.1956	276.9113
67	12.7106	0.3000	3.8132	255.4840
68	9.8197	0.3000	2.9459	200.3218
69	7.8074	0.3000	2.3422	161.6134
70	7.4067	1.0000	7.4067	518.4685
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	1.0000	1.0000	1.0000	78.0000
Total			**55.5862**	**3,611.7250**
Weighted Average Retirement Age = 3611.725 / 55.5862				**64.98**
Rounded Weighted Average Retirement Age				**65**

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

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

General note: The table presents values rounded to fewer significant digits than used in the calculation.

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

Schedule SB, Line 26b – Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$ 55,681	$ 364,049	$ 8,334,969	$ 8,754,699
2026	$ 88,663	$ 476,947	$ 8,073,436	$ 8,639,046
2027	$ 112,312	$ 513,118	$ 7,770,438	$ 8,395,868
2028	$ 140,482	$ 565,366	$ 7,475,742	$ 8,181,590
2029	$ 152,148	$ 605,471	$ 7,160,816	$ 7,918,435
2030	$ 164,702	$ 647,285	$ 6,834,957	$ 7,646,944
2031	$ 178,081	$ 665,972	$ 6,502,049	$ 7,346,102
2032	$ 187,616	$ 669,098	$ 6,158,989	$ 7,015,703
2033	$ 194,358	$ 680,284	$ 5,807,376	$ 6,682,018
2034	$ 199,523	$ 666,197	$ 5,449,576	$ 6,315,296
2035	$ 203,945	$ 689,269	$ 5,088,111	$ 5,981,325
2036	$ 208,330	$ 684,906	$ 4,725,595	$ 5,618,831
2037	$ 210,399	$ 675,776	$ 4,364,715	$ 5,250,890
2038	$ 212,269	$ 658,141	$ 4,008,144	$ 4,878,554
2039	$ 211,416	$ 642,531	$ 3,658,510	$ 4,512,457
2040	$ 208,935	$ 622,114	$ 3,318,365	$ 4,149,414
2041	$ 206,812	$ 600,216	$ 2,990,098	$ 3,797,126
2042	$ 202,748	$ 576,454	$ 2,675,873	$ 3,455,075
2043	$ 198,214	$ 549,696	$ 2,377,611	$ 3,125,521
2044	$ 192,280	$ 521,861	$ 2,096,944	$ 2,811,085
2045	$ 185,567	$ 493,049	$ 1,835,185	$ 2,513,801
2046	$ 178,568	$ 463,384	$ 1,593,312	$ 2,235,264
2047	$ 170,802	$ 433,022	$ 1,371,926	$ 1,975,750
2048	$ 162,657	$ 402,144	$ 1,171,274	$ 1,736,075
2049	$ 154,180	$ 370,957	$ 991,263	$ 1,516,400
2050	$ 145,432	$ 339,707	$ 831,471	$ 1,316,610
2051	$ 136,478	$ 308,682	$ 691,177	$ 1,136,337
2052	$ 127,398	$ 278,202	$ 569,380	$ 974,980
2053	$ 118,272	$ 248,591	$ 464,843	$ 831,706
2054	$ 109,176	$ 220,167	$ 376,159	$ 705,502
2055	$ 100,192	$ 193,226	$ 301,791	$ 595,209
2056	$ 91,393	$ 168,018	$ 240,138	$ 499,549
2057	$ 82,849	$ 144,743	$ 189,594	$ 417,186
2058	$ 74,622	$ 123,527	$ 148,606	$ 346,755
2059	$ 66,764	$ 104,427	$ 115,717	$ 286,908
2060	$ 59,317	$ 87,441	$ 89,598	$ 236,356
2061	$ 52,314	$ 72,517	$ 69,062	$ 193,893
2062	$ 45,778	$ 59,563	$ 53,068	$ 158,409
2063	$ 39,727	$ 48,448	$ 40,729	$ 128,904
2064	$ 34,170	$ 39,019	$ 31,292	$ 104,481
2065	$ 29,111	$ 31,109	$ 24,136	$ 84,356
2066	$ 24,549	$ 24,544	$ 18,755	$ 67,848
2067	$ 20,478	$ 19,157	$ 14,742	$ 54,377
2068	$ 16,886	$ 14,784	$ 11,772	$ 43,442
2069	$ 13,755	$ 11,272	$ 9,592	$ 34,619
2070	$ 11,061	$ 8,483	$ 8,002	$ 27,546
2071	$ 8,776	$ 6,297	$ 6,851	$ 21,924
2072	$ 6,863	$ 4,604	$ 6,019	$ 17,486
2073	$ 5,289	$ 3,313	$ 5,420	$ 14,022
2074	$ 4,012	$ 2,344	$ 4,984	$ 11,340

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

Schedule SB, Part V – Summary of Plan Provisions

Effective date

February 25, 1991

Participation

Date of employment

Plan status

Plan is currently closed to new entrants and accruals are frozen.

Credited service

Years and months of employment (including service with Union Carbide Corporation).

For benefit accrual purposes: On January 1, 2002, the active population was split into a grandfathered group with credited service continuing for five years, a non-grandfathered group where credited service stops as of January 1, 2002, and a Union group that continues to accrue credited service as usual. On March 31, 2003, credited service for the grandfathered group was frozen. On April 30, 2003, the credited service for the Columbia location of the Union group was frozen. On July 31, 2003, the credited service for the Lawrenceburg location of the Union group was frozen. On July 31, 2004, the credited service for the Clarksburg location of the Union group was frozen.

For other eligibility purposes, including early retirement subsidies, all employment service (including service with Union Carbide Corporation) is considered. In addition, credited service for participants separating from GrafTech due to the divestitures of the Advanced Energy Technologies (AET) and GrafTech Advanced Graphite Materials (GAGM) businesses in 2017 will also include employment service with their respective acquiring companies following the divestiture.

Pensionable pay

Base pay plus payments awarded under the annual or middle management incentive plans and a portion of Bonus II payments and profit-sharing awards (up to 8% of base pay) under the alternative compensation program. Benefits in excess of the section 415 limits are provided under the Benefit Equalization Plan (BEP). The qualified plan does not recognize earnings in excess of the limits under section 401(a)(17).

Final average monthly compensation

The average of the highest three calendar years of pensionable pay during the 10-year period next preceding the date of retirement, termination or death. Final 36 months of pensionable earnings are used, if greater. Final average monthly compensation is frozen as of the benefit accrual freeze dates for each group.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65.

Early retirement

A participant with 10 or more years of continuous employment and whose age is at least 50 is eligible for early retirement.

Disability retirement

Disability with 10 years of credited service. Disability must be total and permanent.

Vesting schedule

100% after five years of service.

Normal retirement benefit amount

The normal retirement provided by the plan is the largest of (A), (B) or (C) below, then reduced by (D).

A. 1.2% of average earnings times years of credited service plus $240.

B. $72.00 per year for each of the first 10 years of credited service, $108.00 per year for each of the next 10 years of credited service, and $144.00 per year for each year of credited service over 20, plus 10% of average earnings reduced by 1% for each year credited service is less than eight years, plus $144.00.

C. 1.5% of average earnings times years of credited service less the product of:

   a. The estimated Social Security benefit based on the law in effect at retirement assumed to commence at the later of retirement or age 62; and

   b. A factor of 1.5% times credited service, not greater than 50% of the maximum offset based on IRS integration rules.

D. The benefit accrued under the Union Carbide Corporation Plan for credited service to February 25, 1991 including up to a 6% increase in average earnings to the earlier of (a) last day of employment or (b) the benefit freeze date.

Normal form of benefit

50% Joint and Survivor Annuity with pop up for married participants. Life Annuity for single participants.

Optional forms of benefit

75% Joint and Survivor Annuity with pop up for married participants.
Life Annuity with Social Security Income Leveling.
50% Joint and Survivor with Social Security Income Leveling with pop up for married participants.
75% Joint and Survivor with Social Security Income Leveling.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Death of a beneficiary

For retirees pre-deceased by their spouse beneficiary after electing a Joint and Survivor annuity option, the monthly annuity will “pop up” to the amount of the single life annuity available when the participant commenced their benefit.

Early retirement benefit

Annual pension benefit determined as of early retirement date, reduced 5/12 of 1% for each month between the commencement of payment and the date first eligible to receive an unreduced benefit.

A participant’s benefit is unreduced if they have attained age 62 with 10 years of credited service or have attained age 50 and the sum of their age plus credited service is at least 85 (“Rule of 85”).

If the earliest date of unreduced retirement is based on the Rule of 85, the number of months of reduction is based on the difference between 85 and sum of age plus credited service on the early retirement date.

Disability benefit

Annual disability benefit payable upon becoming disabled until attainment of age 65. At age 65, annual accrued pension benefit based on credited service accruing to age 65 if on an approved disability under the LTD plan. No disability benefits are available for disabilities occurring after the benefit freeze date for a participant.

Deferred vested benefit

Annual pension benefit determined as of termination date, reduced 5/9 of one percent for each month of commencement prior to age 65 and after age 62. Reduced by 5/12 of one percent for each month of commencement prior to age 62.

Survivor benefit

50% of the annual pension benefit which would have been payable had the employee retired at date of death, but not less than 25% of the annual pension accrued at date of death.

Summary of Changes from the January 1, 2024 Valuation

None.

GRAFTECH INTERNATIONAL HOLDINGS, INC. RETIREMENT PLAN
Schedule H, Line 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN # 06-1249029, Plan # 001
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest collateral, par or maturity value	(d) Cost	(e) Current Value
	Vanguard TTL BD MKT IDX-INST	Fixed Income Securities	$ 10,612,776	$ 10,876,538
	Vanguard L/T TRSRY INDX-ADM	Fixed Income Securities	272,340	272,118
	Vanguard I/T TRSRY INDX-ADM	Fixed Income Securities	1,082,777	1,107,898
	Wellington TR CO NATL ASSN Collective INVT	Collective Trust	11,608,894	11,581,423
	LGIMA Long Duration US Credit Fund LLC	Collective Trust	11,043,053	11,663,983
	Vanguard TTL INT ST IDX-ADM	Equity	3,716,338	4,530,780
	Vanguard SML CAP INDX-ADM	Equity	896,035	939,905
	Vanguard 500 Index-ADM	Equity	4,441,827	5,065,991
	PIMCO All Asset Fund-Inst	Other	3,286,806	3,396,812
			$ 46,960,846	$ 49,435,448

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments as of January 1, 2026	Date Established	Remaining Installments	Shortfall Amortization Installment
Shortfall	$4,225,804	1/1/2026	15	$394,016
Shortfall	($1,789,863)	1/1/2025	14	($174,786)
Shortfall	$8,945,533	1/1/2024	13	$919,383

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

Schedule SB, Line 25 – Change in Method

The plan changed the enrolled actuary and changed the actuarial consulting firm. The change in method is eligible for automatic approval since the calculation of the target normal cost and funding target are within 3% of the amounts determined by the old actuary for the prior year and the actuarial value of assets for the prior year are within 2% of that used by the prior actuary.

GrafTech International Holdings Inc. Retirement Plan

EIN/PN: 06-1249029 / 001

Schedule SB, Line 24 – Change in Actuarial Assumptions

The expected administrative expenses were updated to reflect GrafTech's best estimate of expected administrative expenses to be paid from the trust during 2025.