U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT																
OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN			IAME.							
0850872	EMPLOYER NAME Howmet Aerospace Inc															
	ADDRESS					CITY/TOWN						STATE ZIP CODE				
201 ISABELLA STREET						PITTSBURGH						PA 15212			12	
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADDRESS CITY/TOWN STAT							STATE	ATE ZIP CODE							
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
250317820																
SECTION E – EMPLOYER FILING ELIGIBILITY																
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)																
Unique Entity ID (UEI): UNAVAILABLE																
YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)																
_ , , , , , , , , , , , , , , , , , , ,																
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)																
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G - NAICS INFORMATION																
333511 - Industrial Mold Manufacturing																
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																
			1													
Hispanic or Latino					М	Not Hispanic or Latino Male F							emale			
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row	
JOB CATEGORIES		o o	4	ric an	_	aiia Isla	dia ativ	8		or eri	_	l ää	dia ati	8	Total	
	Male	nal	White	Ę Ś	Asian	Fic 3	E Š	ore	White	k a l	Asian	Fic 3	ΞŽ	ore	Total	
	Σ	Female	⋝	ck or Afric American	As	aci E	car ska	Σ	⋝	Black or an Amer	As	aci H	car	Σ		
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Executive/Senior Level Officials and Managers	2	0	22	0	0	0	0	0	5	0	2	0	0	0	31	
First/Mid-Level Officials and Managers	112 125	23 57	667 868	62	43 92	3 0	2	12 20	173 308	23 24	15 41	0	3	8	1144 1591	
Professionals Technicians	303	107	848	48 172	66	4	3	32	263	54	21	0	1	10	1884	
Sales Workers	9	18	73	3	1	0	0	1	57	6	4	1	0	3	176	
Administrative Support Workers	17	18	43	8	2	0	0	1	95	13	3	0	1	1	202	
Craft Workers Operatives	190 1292	16 540	837 2181	81 950	43 303	0 16	3 21	16 98	22 1501	7 438	94	6	11	60	1216 7511	
Laborers and Helpers	86	11	23	17	4	0	0	1	2	2	1	0	0	0	147	
Service Workers	5	1	12	3	0	0	0	0	2	3	0	0	0	0	26	
CURRENT 2024 REPORTING YEAR TOTAL	2141	791	5574	1344	554	23	31	181	2428	570	181	7	18	85	13928	
PRIOR 2023 REPORTING YEAR TOTAL	1971	727	5420	1281	556	22	34	161	2311	542	183	7	16	73	13304	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 12/31/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID 0850872 ADDRESS ADDRESS CITY/TOWN PA 15212

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION 6/20/2025 9:33 AM [EST]

EMDLOVED'S CEDTIEVING OFFICIAL

EMPLOYER'S CERT	FIFYING OFFICIAL						
Name of Employer's Certifying Official	Title of Certifying Official						
Sándor Winklár	Senior Analyst HR Reporting						
Email Address of Certifying Official	Telephone Number of Certifying Official						
sandor.winklar@howmet.com	412-553-4386						
PRIMARY POINT OF CONTACT (POC) F	OR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC						
Megan Terrell	People Analytics Manager						
	Howmet Aerospace						
Email Address of Primary POC	Telephone Number of Primary POC						
megan.terrell@howmet.com	412-553-4386						