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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                                      |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                                              |                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                    |
| <b>1a</b> Name of plan<br><u>PYRO/BARON RETIREMENT PLAN</u>                                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ► <u>008</u><br><b>1c</b> Effective date of plan<br><u>01/01/1984</u>                                                                                      |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>THE RENCO GROUP, INC</u><br><br><u>1 ROCKEFELLER PLZ FL 29</u><br><u>NEW YORK, NY 10020-2021</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>13-3370264</u><br><b>2c</b> Sponsor's telephone number<br><u>212-541-6000</u><br><b>2d</b> Business code (see instructions)<br><u>551112</u> |

**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.

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/16/2012</u> | <u>JOHN G GRIMALDI</u>                                       |
|                  | Signature of plan administrator                          | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | Signature of employer/plan sponsor                       | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | Signature of DFE                                         | Date              | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)  
v.012611

|                                                                                                                                                                           |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>THE RENCO GROUP, INC<br><br>1 ROCKEFELLER PLZ FL 29<br>NEW YORK, NY 10020-2021 | <b>3b</b> Administrator's EIN<br>13-3370264<br><br><b>3c</b> Administrator's telephone number<br>212-541-6000 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 573 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |   |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 0 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 0 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 0 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 0 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |   |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0 |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

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

1G 1I 3H

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

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

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2011</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2011 or fiscal plan year beginning <span style="color: blue;">01/01/2011</span> and ending <span style="color: blue;">12/31/2011</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">PYRO/BARON RETIREMENT PLAN</span>                                                                          | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">008</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">THE RENCO GROUP, INC</span>                                        | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">13-3370264</span> |                                       |

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

**1** Coverage Information:

**(a)** Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 805495                                | 0                                                                           | 01/01/2011              | 12/31/2011 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|--------------------------------------|-------------------------------|
| 0                                    | 0                             |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |   |
|--------------------------------------------------------------------------------------------------------|----------|---|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |   |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 0 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PYRO/BARON RETIREMENT PLAN</u>                                                                                | <b>B</b> Three-digit plan number (PN) ▶ <u>008</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE RENCO GROUP, INC</u>                                   | <b>D</b> Employer Identification Number (EIN)<br><u>13-3370264</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                         |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>                                                                                                                               |                                                                                  |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                  |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>13036239</u>                                                        |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>12510540</u>                                                        |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                                                                  |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b> (1) Number of participants <u>70</u> (2) Funding Target <u>3012527</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> <u>503</u> <u>13813426</u>                                             |
| <b>c</b> For active participants:                                                                                                                                                                               |                                                                                  |
| (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b> <u>0</u>                                                            |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b> <u>0</u>                                                            |
| (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b> <u>0</u>                                                            |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> <u>573</u> <u>16825953</u>                                             |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                                         |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                        |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                        |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>6.26 %</u>                                                           |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>285000</u>                                                           |

**Statement by Enrolled Actuary**

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

|                                                        |                                        |
|--------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                       | <u>09/12/2012</u>                      |
| Signature of actuary                                   | Date                                   |
| <u>DAVID A. STOCKLAS</u>                               | <u>11-05460</u>                        |
| Type or print name of actuary                          | Most recent enrollment number          |
| <u>PRINCIPAL FINANCIAL GROUP</u>                       | <u>412-394-9380</u>                    |
| Firm name                                              | Telephone number (including area code) |
| <u>PO BOX 9394</u><br><u>DES MOINES, IA 50306-9394</u> |                                        |
| Address of the firm                                    |                                        |

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

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2011**  
**v.012611**

| <b>Part II</b> |                                                                                                                          | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                          | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 159597                                                     | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 159597                                                     | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                             | 0                                                          | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>12.60</u> % .....                                              |                                                            |                        |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                     |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38 from prior year) .....                                                    |                                                            | 0                      |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>6.68</u> % except as otherwise provided (see instructions) ..... |                                                            | 0                      |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....                                     |                                                            | 0                      |
| <b>d</b>       | Portion of (c) to be added to prefunding balance .....                                                                   |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                  | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                       | 0                                                          | 0                      |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding percentages</b> |         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 74.35 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 74.35 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 83.18 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2011                                                                               | 209676                            | 0                                             |                          |                                   |                                 |
| 07/15/2011                                                                               | 209676                            | 0                                             |                          |                                   |                                 |
| 10/14/2011                                                                               | 209676                            | 0                                             |                          |                                   |                                 |
| 01/13/2012                                                                               | 209676                            | 0                                             |                          |                                   |                                 |
| 07/13/2012                                                                               | 358000                            | 0                                             |                          |                                   |                                 |
|                                                                                          |                                   |                                               | <b>Totals ▶</b>          | <b>18(b)</b>                      | 1196704                         |
|                                                                                          |                                   |                                               |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> 0                                                        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0                                                        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 1132168                                                  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If 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                                                             |
| 0                                                                                                                                    | 0                                                                   |
| (3) 3rd                                                                                                                              | (4) 4th                                                             |
| 0                                                                                                                                    | 0                                                                   |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.78% | 2nd segment:<br>6.31% | 3rd segment:<br>6.57% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 55                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 285000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 4315413             | 846746             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 1131746            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 1131746            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 1132168            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 422                |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2011</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PYRO/BARON RETIREMENT PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) ▶ <u>008</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE RENCO GROUP, INC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-3370264</u> |

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

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

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

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

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

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

**(b)** Enter name and EIN or address of person who provided you disclosure 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

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**(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

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**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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50 64 70            | CONTRACT ADMINISTRATOR                                                                            | 81596                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

JP MORGAN CHASE

13-4994650

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | INVESTMENT MANAGER                                                                                | 42447                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CROWE HORWATH LLP

35-0921680

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 13550                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2011</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

|                                                           |            |            |            |
|-----------------------------------------------------------|------------|------------|------------|
| For calendar plan year 2011 or fiscal plan year beginning | 01/01/2011 | and ending | 12/31/2011 |
|-----------------------------------------------------------|------------|------------|------------|

|                                                     |                                       |     |
|-----------------------------------------------------|---------------------------------------|-----|
| <b>A</b> Name of plan<br>PYRO/BARON RETIREMENT PLAN | <b>B</b> Three-digit plan number (PN) | 008 |
|-----------------------------------------------------|---------------------------------------|-----|

|                                                                                              |                                                                 |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>THE RENCO GROUP, INC | <b>D</b> Employer Identification Number (EIN)<br><br>13-3370264 |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

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

|                                                |                               |
|------------------------------------------------|-------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | PRIN MONEY MARKET SEP ACCT-R6 |
|------------------------------------------------|-------------------------------|

|                                                   |                                  |
|---------------------------------------------------|----------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | PRINCIPAL LIFE INSURANCE COMPANY |
|---------------------------------------------------|----------------------------------|

|                 |                |                      |   |                                                                                                     |   |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN | 42-0127290-024 | <b>d</b> Entity code | P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|

|                                                |                                    |
|------------------------------------------------|------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | THE RENCO GROUP, INC. MASTER TRUST |
|------------------------------------------------|------------------------------------|

|                                                   |                       |
|---------------------------------------------------|-----------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | THE RENCO GROUP, INC. |
|---------------------------------------------------|-----------------------|

|                 |                |                      |   |                                                                                                     |   |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN | 13-3370264-050 | <b>d</b> Entity code | M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

**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)**

(Complete as many entries as needed to report all participating plans)

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>PYRO/BARON RETIREMENT PLAN</u>                                                                                                                                                                                                               | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>008</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE RENCO GROUP, INC</u>                                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><br><u>13-3370264</u>                                                                                                                                                                                                       |                                                                                           |

| Part I   | Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> | 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
|          | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b> | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|          | <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b>    | 597091                | 0               |
|          | <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1b(2)</b>    |                       |                 |
|          | <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1b(3)</b>    | 1                     | 0               |
| <b>c</b> | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|          | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(1)</b>    | 9164                  | 0               |
|          | <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(2)</b>    |                       |                 |
|          | <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(A)</b> |                       |                 |
|          | <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(3)(B)</b> |                       |                 |
|          | <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(4)(A)</b> |                       |                 |
|          | <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(4)(B)</b> |                       |                 |
|          | <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(5)</b>    |                       |                 |
|          | <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(6)</b>    |                       |                 |
|          | <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(7)</b>    |                       |                 |
|          | <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(8)</b>    |                       |                 |
|          | <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(9)</b>    |                       |                 |
|          | <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(10)</b>   | 298535                | 0               |
|          | <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(11)</b>   | 12158024              | 0               |
|          | <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(12)</b>   |                       |                 |
|          | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(13)</b>   |                       |                 |
|          | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(14)</b>   | 0                     | 0               |
|          | <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 13062815              | 0               |

**Liabilities**

|                                                                           |           |       |   |
|---------------------------------------------------------------------------|-----------|-------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 49202 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 49202 | 0 |

**Net Assets**

|                                                           |           |          |   |
|-----------------------------------------------------------|-----------|----------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 13013613 | 0 |
|-----------------------------------------------------------|-----------|----------|---|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1196704    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1196704   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |     |     |
|------------------------------------------------------------------------------------------------------|-----------------|-----|-----|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 382 |     |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |     |     |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |     |     |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |     |     |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |     |     |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |     |     |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |     | 382 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | -3        |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | -490596   |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 706487    |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 2371770 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 2371770 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 13550   |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 75132   |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 42447   |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 65460   |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 196589  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 2568359 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -1861872 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 11151741 |

**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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: CROWE HORWATH LLP

(2) EIN: 35-0921680

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   |     | X  |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              | X   |    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |          |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount: 0

- 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)

WCI/PYRO/BARON RETIREMENT PLAN (F/K/A WCI STEEL FROZEN DEFINED BENEFIT PLAN)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
| 13-3370264   | 003         |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                      | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>PYRO/BARON RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ►<br>008                                                         |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE RENCO GROUP, INC                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>13-3370264                                            |
| 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):<br>EIN(s): 42-0127290                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 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 0                                                                                             |
| 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)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2011 v.012611                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

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

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**PYRO/BARON RETIREMENT PLAN**

**FINANCIAL STATEMENTS**

December 31, 2011 and 2010

PYRO/BARON RETIREMENT PLAN  
New York, New York

FINANCIAL STATEMENTS  
December 31, 2011 and 2010

CONTENTS

|                                                                  |    |
|------------------------------------------------------------------|----|
| REPORT OF INDEPENDENT AUDITORS .....                             | 1  |
| FINANCIAL STATEMENTS                                             |    |
| STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS .....            | 2  |
| STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS ..... | 3  |
| NOTES TO FINANCIAL STATEMENTS .....                              | 4  |
| SUPPLEMENTARY INFORMATION                                        |    |
| SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS .....  | 19 |

## REPORT OF INDEPENDENT AUDITORS

Plan Administrator  
Pyro/Baron Retirement Plan  
New York, New York

We were engaged to audit the financial statements and supplemental schedule of Pyro/Baron Retirement Plan, (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, as listed in the accompanying contents page. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Principal Life Insurance Company, a custodian of the Plan, and Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian and trustee hold the Plan investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2011 and 2010 and for the years then ended that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Effective December 31, 2011 the Plan merged into the WCI/Pyro/Baron Retirement Plan as noted in Note 1.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as a whole. The information included in the supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Crowe Horwath LLP

South Bend, IN  
October 12, 2012

PYRO/BARON RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2011 and 2010

---

|                                                                  | <u>2011</u> | <u>2010</u>          |
|------------------------------------------------------------------|-------------|----------------------|
| <b>ASSETS</b>                                                    |             |                      |
| Investments, at fair value based on quoted market price (Note 4) |             |                      |
| Money market mutual fund                                         | \$ -        | \$ 9,164             |
| Investments, at estimated fair value (Note 4)                    |             |                      |
| Pooled separate accounts                                         | -           | 298,535              |
| Investment in Renco Master Trust (Note 5)                        | <u>-</u>    | <u>12,158,024</u>    |
|                                                                  | -           | 12,465,723           |
| Receivables                                                      |             |                      |
| Employer contribution                                            | -           | 597,091              |
| Accrued interest and dividends                                   | <u>-</u>    | <u>1</u>             |
|                                                                  | -           | 597,092              |
| Total assets                                                     | -           | 13,062,815           |
| <b>LIABILITIES</b>                                               |             |                      |
| Accrued expenses                                                 | <u>-</u>    | <u>49,202</u>        |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                         | <u>\$ -</u> | <u>\$ 13,013,613</u> |

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See accompanying notes to financial statements.

PYRO/BARON RETIREMENT PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Years ended December 31, 2011 and 2010

---

|                                                              | <u>2011</u>         | <u>2010</u>          |
|--------------------------------------------------------------|---------------------|----------------------|
| Net Investment (loss) income (Note 4)                        |                     |                      |
| Net (loss) gain from interest in Renco Master Trust          | \$ (490,596)        | \$ 1,068,920         |
| Net (depreciation) appreciation in fair value of investments | (3)                 | 31                   |
| Interest and dividend income                                 | <u>382</u>          | <u>1,575</u>         |
|                                                              | (490,217)           | 1,070,526            |
| Employer contributions                                       | 1,196,704           | 745,249              |
| Benefits paid                                                | (2,371,770)         | (2,108,391)          |
| Administrative expenses                                      | (196,589)           | (256,500)            |
| Transfer to WCI/Pyro/Baron Retirement Plan (Note 1)          | <u>(11,151,741)</u> | <u>-</u>             |
| Net decrease                                                 | <u>(13,013,613)</u> | <u>(549,116)</u>     |
| <b>Net assets available for plan benefits</b>                |                     |                      |
| Beginning of year                                            | <u>13,013,613</u>   | <u>13,562,729</u>    |
| End of year                                                  | <u>\$ -</u>         | <u>\$ 13,013,613</u> |

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See accompanying notes to financial statements

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

---

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the Pyro/Baron Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General: The Plan is a defined benefit pension plan established January 1, 1984 covering substantially all nonunion employees of Pyro Mining Company, a division of Lodestar Energy, Inc., a former subsidiary of The Renco Group, Inc. ("Renco"), and a member of Renco's controlled group. Employees were eligible to participate in the Plan as of their date of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective June 30, 2003, Renco took over the responsibilities of the Plan sponsor from Lodestar Energy, Inc., the parent company of the Pyro Mining Company. Lodestar Energy, Inc. and Pyro Mining Company ceased operations on or about that time.

Effective August 19, 2003, the Plan was amended to eliminate entry into the Plan by non-participating employees. Participants shall accrue no additional benefits as of this date.

Effective January 1, 2007 the Plan appointed Wells Fargo Bank, N.A. as the trustee for the Plan and transferred most of the assets to be invested under the directed trusteeship of Wells Fargo Bank N. A. in the Renco Master Trust ("Master Trust") along with certain other defined benefit plans sponsored by The Renco Group, Inc. ("Renco") and its subsidiaries. The Plan also changed its investment policy, to require that between 70% and 95% of its assets be placed in alternative investments and between 0% and 20% of its assets be placed in fixed income securities.

Effective December 31, 2009, the Baron Drawn Steel Retirement Plan ("Baron Plan") merged into the Plan, and the Plan was restated and renamed the Pyro/Baron Retirement Plan. Effective September 30, 2003, the Baron Plan was amended to eliminate entry into the Baron Plan by non-participating employees. Former Baron Plan participants accrued no additional benefits as of this date.

Effective December 31, 2011, the Plan merged into the WCI/Pyro/Baron Retirement Plan, formerly known as the WCI Steel Frozen Defined Benefit Plan ("WCI Plan").

Pension Benefits – former Pyro Mining employees: All participants are entitled to annual pension benefits beginning at normal retirement age (62) or attainment of age (70) in accordance with the schedule set forth in Section 4.01 of the Plan document. The Plan permits early retirement at ages 55-61 and completion of 5 years of vesting service. If participants retire before age 62, their accrued benefit is reduced by 3% for each year by which the early retirement date precedes the normal retirement date. Participants may elect to receive their pension benefits in the form of a joint and survivor annuity. Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement, or they may elect to receive their benefits as a life annuity payable monthly from retirement. The normal form of benefit is payable as a straight life annuity or, if married, the actuarial equivalent of such benefit payable as a qualified joint and survivor annuity.

Pension Benefits – former Baron employees: All participants are entitled to annual pension benefits beginning at normal retirement age (65) in accordance with the schedule set forth in Section 4.01 of the Plan document. The Plan permits early retirement at ages 55 – 64 and completion of 10 years of vesting service. If participants retire before age 65, their accrued benefit is reduced by 0.5% for each month by which the early retirement date precedes the normal retirement date. Participants may elect to receive their pension benefits in the form of a joint and survivor annuity. Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement, or they may elect to receive their benefits as a life annuity payable monthly from retirement. The normal form of benefit is payable as a 10 year certain annuity or, if married, the actuarial equivalent of such benefit payable as a qualified joint and survivor annuity.

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(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

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**NOTE 1 - DESCRIPTION OF PLAN (Continued)**

Death and Disability Benefits – former Pyro Mining employees: If an active participant dies at age 55 or older, a death benefit equal to the value of the participant's accumulated pension benefits is paid to the participant's spouse. Active participants who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled reduced by 3% for each year his disability precedes his normal retirement date.

Annual disability benefits are further reduced by payment of any benefit by reason of the same disability to which the Employer has contributed all or part of the cost. This offset shall include, but not be limited to: workers compensation, traumatic, State O.D., and Federal O.D., and benefits awarded under Title II of the Federal Social Security Act. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed under the provisions of Article IV of the Plan document as if they were an active participant.

Death and Disability Benefits – former Baron employees: If an active participant dies at age 55 or older, a death benefit equal to the value of the participant's accumulated pension benefits is paid to the participant's spouse. Active participants who become totally disabled will continue to accrue benefits under the Plan if they become totally and permanently disabled before their normal retirement date if they have completed 5 years of vested service.

Disability benefits are paid until the earlier of the date the participant begins to receive an early retirement benefit or the date the participant reaches normal retirement age at which time disabled participants begin receiving retirement benefits computed under the provisions of Article IV of the Plan document as if they were an active participant.

Administrative and Investment Management Expenses: The Plan's trustee, custodian and actuarial fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are paid by the Plan and included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by Renco.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting: The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Purchases and sales of securities are reflected on a trade-date basis. Gain or loss on sales of securities is based on either the average cost or identified certificate method. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned on accrual basis.

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimize the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

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(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan and those held as underlying investments of the Master Trust.

*Plan Interest in Master Trust:* The fair value of the Plan's interest in the Master Trust reflects the Plan's interest in the fair value of the underlying net assets of the Master Trust. The methodologies for determining the fair values of the underlying investments are described below.

*Pooled Separate Accounts:* The fair values of participation units held in pooled separate accounts are based on their net asset values, as reported by the managers of the pooled separate accounts and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date (level 2 inputs).

*Money Market Mutual Funds:* The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

*Hedge Funds and Private Equity Limited Partnerships:* The fair values of hedge funds and private equity limited partnerships are estimated utilizing the net asset valuations provided by the funds and their administrators (level 3 inputs).

*Long/short equity:* These funds invest in long and short equities with focuses on the financial sector, energy and materials, bad balance sheet companies, large and small cap, catalyst driven investments, technology, and undervalued securities. Generally these investments are redeemable on a monthly, quarterly, or annual basis, with a 30 to 90 day redemption notification requirement. Certain funds are exempt from redemption until the fund is liquidated. The Master Trust's interest in these locked funds was \$33,082 as of December 31, 2010.

*Opportunistic/Macro:* These funds invest in a wide variety of instruments using a broad range of primarily directional strategies. It is common for Portfolio Managers in this strategy to assume an aggressive risk posture relying on a combination of macroeconomic models, fundamental research, and quantitative algorithms. Portfolio Managers invest across countries, markets, sectors and companies, and have the flexibility to invest in numerous financial instruments. Futures and options are often used for hedging and speculation in order to quickly position a portfolio to profit from changing markets. The use of leverage varies considerably. Generally these investments are redeemable on a monthly, quarterly, semi-annual, or annual basis, with a 2 to 65 day redemption notification requirement.

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(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

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**NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)**

*Relative value:* These funds attempt to capture pricing inefficiencies/differentials between related securities while trying to minimize the impact of general market movements. Different relative value strategies include convertible bond arbitrage, statistical arbitrage, pairs trading, yield curve arbitrage, volatility arbitrage, commodity relative value, and basis trading. Generally these investments are redeemable on a monthly or quarterly basis, with a 30 to 90 day redemption notification requirement. Certain funds are exempt from redemption until the fund is liquidated. The Master Trust's interest in these locked funds was \$912,467 as of December 31, 2010.

*Credit:* Funds utilizing this strategy may take long or short positions in corporate bonds, loans, credit derivatives, convertible bonds, asset-backed securities, equities and equity derivatives. In most cases Portfolio Managers will take long or short positions in instruments that reflect credit exposure to the same entity. Credit Portfolio Managers may invest in both investment grade and non-investment grade credit issuers, while also very often holding positions where the underlying exposures are to debt and equity securities of companies in financial difficulty, reorganization or bankruptcy. Generally these investments are redeemable on a quarterly, semi-annual or annual basis, with a 60 to 90 day redemption notification requirement. Certain funds are exempt from redemption until the fund is liquidated. The Master Trust's interest in these locked funds was \$6,343,699 as of December 31, 2010.

*Merger Arbitrage/Event driven:* These funds invest in a variety of strategies, including investments in secured and senior secured debt, distressed securities and other credit -related strategies including credit markets across the globe, offshore wind projects, preferred and hybrid securities, high yield bonds, corporate loans, and convertible bond arbitrage. Generally these investments are redeemable on a quarterly, semi-annual or annual basis, with a 30 to 90 day redemption notification requirement. Certain funds are exempt from redemption until the fund is liquidated. The Master Trust's interest in these locked funds was \$29,183 as of December 31, 2010.

*Portfolio Diversifiers:* These funds use any number of strategies which, in general, the investment manager views as having the potential to both offset risks inherent in other parts of the portfolio and generate profits. Sub-strategies such as short selling or long volatility may be employed to hedge equity beta (profiting from declining security prices) or a short credit allocation may be used to offset long credit risk (profiting from credit spread widening). Portfolio Diversifiers may also be used to offset risks to macroeconomic factors, such as inflation, sovereign default, etc. In general, the investment manager seeks out portfolio managers who add profits over a simple benchmark return, or the inverse return of the benchmark in many cases. It is expected that the allocation will produce returns that are negatively correlated to the rest of the portfolio and/or the broader markets, and therefore one could reasonably expect negative returns for the Portfolio Diversifier allocation in periods of low volatility and/or upwardly trending markets. Allocations to this strategy category are generally indirect portfolio hedges and therefore may introduce some degree of basis risk to the broader portfolio.

*Multi-strategy:* These funds and partnerships invest in multiple strategies, including equities, derivative investments, distressed securities, fixed income, long/short equity, direct capital activities, various arbitrage strategies, credit event driven, real estate, and global securities. Generally these investments are redeemable on a quarterly, with a 45 day redemption notification requirement. Certain funds are exempt from redemption until the fund is liquidated. The Master Trust's interest in these locked funds was \$3,486,182 as of December 31, 2010.

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(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

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**NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)**

Investments measured at fair value on a recurring basis are summarized below:

|                                                             | Fair Value Measurements<br>at December 31, 2010 Using                      |                                                           |                                                    |
|-------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                                             | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Investments (other than Plan's interest<br>in Master Trust) |                                                                            |                                                           |                                                    |
| Money Market Mutual Fund                                    | \$ 9,164                                                                   | \$ -                                                      | \$ -                                               |
| Pooled Separate Account – money market                      | -                                                                          | 298,535                                                   | -                                                  |

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements, and the actuarial present value of accumulated plan benefits as of the benefit information date; the changes in net assets available for benefits and actuarial present value of accumulated plan benefits during the reported period; and when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimate of the actuarial present value of accumulated plan benefits and the fair values of certain investments.

Risks and Uncertainties: The Plan invests in a variety of investments either directly or through the Master Trust including hedge funds, limited partnerships, money market mutual funds, pooled separate accounts, and other investments. The underlying investments are exposed to various risks, such as interest rates, market, liquidity and credit risks. Due to the level of risk associated with certain investments, and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Hedge Funds: The Plan invests in a variety of hedge funds through its interest in the Master Trust. The investment managers of these hedge funds might utilize derivatives, including calls and puts, currency hedges, options, and foreign exchange contracts. The use of derivative instruments could materially increase the credit or market risk of the Plan's assets and increase the level of the volatility of the market value of the Plan's assets. The use of such instruments also introduces a risk of potential loss relating to the ability of the counterparty to perform as of the derivative termination date since the realization of unrealized gains on derivative instruments is wholly dependent upon the ability of the counterparty to honor the derivative arrangement.

Payment of Benefits: Benefits are recorded when paid.

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(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

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**NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) beneficiaries of former employees who have died. Benefits payable under all circumstances (retirement, death and disability) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. There is currently a deficit of accumulated plan benefit obligations over net assets available for benefits. It is expected that this deficit will be funded by future employer contributions to the Plan as determined by the Plan's actuary.

The significant actuarial assumptions used in the valuation as of December 31, 2010 are as follows:

|                            |                                       |
|----------------------------|---------------------------------------|
| Assumed rates of return:   | 7.5%                                  |
| Mortality basis:           | IRS prescribed Mortality-Generational |
| Retirement age assumption: | 100%% at age 55                       |

The foregoing actuarial assumptions are based upon 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.

Following is a summary of the accumulated plan benefits at December 31, 2010:

|                                                            |                      |
|------------------------------------------------------------|----------------------|
|                                                            | <u>2010</u>          |
| Actuarial present value of accumulated plan benefits:      |                      |
| Vested benefits:                                           |                      |
| Participants currently receiving payments                  | \$ 2,701,905         |
| Other participants                                         | <u>13,219,826</u>    |
| Total actuarial present value of accumulated plan benefits | <u>\$ 15,921,731</u> |

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2010 are as follows:

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 16,687,994        |
| Increase (decrease) during year attributable to:                          |                      |
| Plan experience                                                           | (216,329)            |
| Change in assumptions                                                     | 385,922              |
| Increase for interest due to decrease in discount period                  | 1,172,535            |
| Benefits paid                                                             | <u>(2,108,391)</u>   |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 15,921,731</u> |

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(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

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**NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)**

The \$385,922 increase in present value of accumulated plan benefits in 2010 is attributed to the updating of the segment rates used to value lump sum payouts from the 2010 segment rates to the 2011 segment rates.

As of January 1, 2011, the Plan's Adjusted Funding Target Attainment Percentage (AFTAP) was below the threshold of 80% established by the Pension Protection Act of 2006 (PPA). As a result of the AFTAP being less than 80%, the Plan could be subject to certain operational restrictions until such time that the Plan's AFTAP exceeds 80%.

**NOTE 4 - INVESTMENTS – (UNAUDITED)**

Principal Life Insurance Company, a custodian of the Plan, and Wells Fargo Bank N.A., the trustee of the Plan, hold investment assets and execute transactions therein, and substantially all information pertaining to the Plan's interest in the Master Trust, included in the financial statements has been certified by them. This information has not been audited by independent accountants.

The following table presents the fair value of investments at December 31, 2010. Individual investments that represent 5% or more of the Plan's net assets available for benefits are separately identified (\*):

|                                  | <u>2010</u>    |
|----------------------------------|----------------|
| <b>Investments at fair value</b> |                |
| Investment in Renco Master Trust | \$ 12,158,024* |
| Money Market Mutual Fund         | 9,164          |
| Pooled Separate Account          | 298,535        |

During 2011 and 2010, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by (\$3) and \$31, respectively.

During 2011 and 2010, the Plan's net investment (loss) income in the Master Trust (including gains and losses on investments bought and sold, as well as held during the year and interest and dividend income) was \$(490,596) and \$1,068,920, respectively.

During 2011 and 2010, the Plan earned interest and dividend income of \$382 and \$1,575, respectively.

**NOTE 5 - MASTER TRUST (UNAUDITED)**

Beginning on July 14, 2006, the majority of the Plan's assets, along with other defined benefit plans sponsored by Renco and its subsidiaries are invested in the Master Trust. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Each participating plan has an undivided interest in the Master Trust. Investment income and losses and administrative expenses relating to the Master Trust are allocated to the individual plans monthly based on each plan's percentage interest in the net assets of the Master Trust. Due to the merger noted in Note 1, the Plan no longer had an interest in the Master Trust as of December 31, 2011.

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(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

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**NOTE 5 - MASTER TRUST (UNAUDITED)** (Continued)

A summary of the net assets of the Master Trust, as of December 31, 2011 and 2010 is as follows:

|                                     | <u>2011</u>           | <u>2010</u>           |
|-------------------------------------|-----------------------|-----------------------|
| Investments at fair value:          |                       |                       |
| Money market mutual fund            | \$ 19,779,081         | \$ 26,437,816         |
| Private equity limited partnerships | 13,409,669            | 3,486,182             |
| Hedge funds                         | <u>202,337,405</u>    | <u>235,636,755</u>    |
|                                     | 235,526,155           | 265,560,753           |
| Other assets/liabilities:           |                       |                       |
| Cash committed to brokers           | 11,158,214            | 10,919,466            |
| Due from brokers                    | 11,560,172            | 447,106               |
| Accrued income                      | <u>17,309</u>         | <u>40,459</u>         |
| Net Assets                          | <u>\$ 258,261,850</u> | <u>\$ 276,967,784</u> |

The Plan had approximately a 0% and 4% interest in the net assets of the Master Trust as of December 31, 2011 and 2010.

A summary of the Master Trust's investment gains (losses) allocated to the participating plans for the years ended December 31, 2011 and 2010 is as follows:

|                                                                        | <u>2011</u>            | <u>2010</u>          |
|------------------------------------------------------------------------|------------------------|----------------------|
| Interest and dividend income                                           | \$ 1,332,665           | \$ 1,497,791         |
| Net depreciation on collateralized mortgage obligations                | -                      | (23,717)             |
| Net (depreciation)/appreciation on private equity limited partnerships | (558,157)              | 981,535              |
| Net (depreciation)/appreciation on hedge funds                         | <u>(12,884,376)</u>    | <u>21,390,880</u>    |
|                                                                        | <u>\$ (12,110,389)</u> | <u>\$ 23,846,489</u> |

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(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

**NOTE 5 - MASTER TRUST (UNAUDITED)** (Continued)

Investments of the Master Trust that are measured at fair value on a recurring basis are summarized below:

| Fair Value Measurements<br>at December 31, 2011 Using |                                                                            |                                                           |                                                    |
|-------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                                       | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Investments                                           |                                                                            |                                                           |                                                    |
| Money market mutual fund                              | \$ 19,779,081                                                              | \$ -                                                      | \$ -                                               |
| Hedge funds                                           |                                                                            |                                                           |                                                    |
| Credit                                                | -                                                                          | -                                                         | 16,727,879                                         |
| Long/Short equities                                   | -                                                                          | -                                                         | 40,212,877                                         |
| Merger arbitrage/Event driven                         | -                                                                          | -                                                         | 26,285,987                                         |
| Opportunistic/Macro                                   | -                                                                          | -                                                         | 35,912,196                                         |
| Portfolio Diversifiers                                | -                                                                          | -                                                         | 2,083,711                                          |
| Relative value                                        | -                                                                          | -                                                         | 81,114,755                                         |
| Limited partnership                                   |                                                                            |                                                           |                                                    |
| Multi-strategy                                        | -                                                                          | -                                                         | 13,409,669                                         |

| Fair Value Measurements<br>at December 31, 2010 Using |                                                                            |                                                           |                                                    |
|-------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                                       | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Investments                                           |                                                                            |                                                           |                                                    |
| Money market mutual fund                              | \$ 26,437,816                                                              | \$ -                                                      | \$ -                                               |
| Hedge funds                                           |                                                                            |                                                           |                                                    |
| Credit                                                | -                                                                          | -                                                         | 24,948,290                                         |
| Long/Short equities                                   | -                                                                          | -                                                         | 83,155,724                                         |
| Merger arbitrage/Event driven                         | -                                                                          | -                                                         | 29,375,728                                         |
| Opportunistic/Macro                                   | -                                                                          | -                                                         | 39,266,666                                         |
| Relative value                                        | -                                                                          | -                                                         | 58,890,347                                         |
| Limited partnership                                   |                                                                            |                                                           |                                                    |
| Multi-strategy                                        | -                                                                          | -                                                         | 3,486,182                                          |

There were no significant transfers between Level 1 and Level 2 during 2011 and 2010.

The tables below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the year ended December 31, 2011 and 2010, including the reporting classifications for the applicable gains and losses included in the statement of changes in net assets available for benefits.

(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

**NOTE 5 - MASTER TRUST (UNAUDITED) (Continued)**

|                                                                                          |                       | Fair Value Measurements Using<br>Significant Unobservable Inputs (Level 3) |                                                 |                                          |   |
|------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------|---|
|                                                                                          | Hedge funds<br>credit | Hedge funds<br>long/short<br>equity                                        | Hedge funds<br>merger arbitrage<br>event driven | Hedge funds<br>portfolio<br>diversifiers |   |
| Balance, January 1, 2011                                                                 | \$ 24,948,290         | \$ 83,155,724                                                              | \$ 29,375,728                                   | \$                                       | - |
| Total gains or losses<br>included in change in net<br>assets available for benefits:     |                       |                                                                            |                                                 |                                          |   |
| Realized appreciation                                                                    | 1,218,925             | 5,858,732                                                                  | 7,707,072                                       | 396,116                                  |   |
| Unrealized appreciation<br>(depreciation) (relating<br>to assets held at end of<br>year) | <u>(3,361,363)</u>    | <u>(12,944,020)</u>                                                        | <u>(9,437,208)</u>                              | <u>(1,328,172)</u>                       |   |
| Net appreciation<br>(depreciation) in<br>fair value of<br>investment                     | (2,142,438)           | (7,085,288)                                                                | (1,730,136)                                     | (932,056)                                |   |
| Purchases, sales, issuances and<br>Settlements                                           |                       |                                                                            |                                                 |                                          |   |
| Purchases                                                                                | 18,480,479            | 32,779,854                                                                 | 31,729,317                                      | 4,636,876                                |   |
| Sales                                                                                    | (24,558,452)          | (68,637,413)                                                               | (33,088,922)                                    | (1,621,109)                              |   |
| Transfers in and/or out of Level 3                                                       | <u>-</u>              | <u>-</u>                                                                   | <u>-</u>                                        | <u>-</u>                                 |   |
| Balance, December 31, 2011                                                               | <u>\$ 16,727,879</u>  | <u>\$ 40,212,877</u>                                                       | <u>\$ 26,285,987</u>                            | <u>\$ 2,083,711</u>                      |   |

(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

**NOTE 5 - MASTER TRUST (UNAUDITED) (Continued)**

|                                                                                          | Fair Value Measurements Using<br>Significant Unobservable Inputs (Level 3) |                               |                                           |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------|-------------------------------------------|
|                                                                                          | Hedge funds<br>opportunistic<br>macro                                      | Hedge funds<br>relative value | Limited<br>Partnerships<br>multi-strategy |
| Balance, January 1, 2011                                                                 | \$ 39,266,666                                                              | \$ 58,890,347                 | \$ 3,486,182                              |
| Total gains or losses<br>included in change in net<br>assets available for benefits:     |                                                                            |                               |                                           |
| Realized appreciation                                                                    | 2,289,720                                                                  | 1,239,210                     | 979,561                                   |
| Unrealized appreciation<br>(depreciation) (relating<br>to assets held at end of<br>year) | <u>(3,817,186)</u>                                                         | <u>(706,202)</u>              | <u>(1,538,239)</u>                        |
| Net appreciation<br>(depreciation) in<br>fair value of<br>investments                    | (1,527,466)                                                                | 533,008                       | (558,678)                                 |
| Purchases, sales, issuances and<br>Settlements                                           |                                                                            |                               |                                           |
| Purchases                                                                                | 33,110,622                                                                 | 36,045,618                    | 12,262,699                                |
| Sales                                                                                    | (34,937,626)                                                               | (14,354,218)                  | (1,780,534)                               |
| Transfers in and/or out of Level 3                                                       | <u>-</u>                                                                   | <u>-</u>                      | <u>-</u>                                  |
| Balance, December 31, 2011                                                               | <u>\$ 35,912,196</u>                                                       | <u>\$ 81,114,755</u>          | <u>\$13,409,669</u>                       |

|                                                                                          | Fair Value Measurements Using<br>Significant Unobservable Inputs (Level 3) |                                     |                                                 |                                   |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|-----------------------------------|
|                                                                                          | Hedge funds<br>credit                                                      | Hedge funds<br>long/short<br>equity | Hedge funds<br>merger arbitrage<br>event driven | Hedge funds<br>mortgage<br>backed |
| Balance, January 1, 2010                                                                 | \$ 18,648,969                                                              | \$ 99,712,339                       | \$ 40,544,345                                   | \$ 10,862,930                     |
| Total gains or losses<br>included in change in net<br>assets available for benefits:     |                                                                            |                                     |                                                 |                                   |
| Realized appreciation                                                                    | (1,001,482)                                                                | (9,156,878)                         | 4,070,105                                       | 12,335                            |
| Unrealized appreciation<br>(depreciation) (relating<br>to assets held at end of<br>year) | <u>3,800,073</u>                                                           | <u>14,582,381</u>                   | <u>755,785</u>                                  | <u>-</u>                          |
| Net appreciation in<br>fair value of investments                                         | 2,798,591                                                                  | 5,425,503                           | 4,825,890                                       | 12,335                            |
| Purchases, sales, issuances and<br>settlements (net)                                     | 3,500,730                                                                  | (21,982,118)                        | (15,994,507)                                    | (10,875,265)                      |
| Transfers in and/or out of Level 3                                                       | <u>-</u>                                                                   | <u>-</u>                            | <u>-</u>                                        | <u>-</u>                          |
| Balance, December 31, 2010                                                               | <u>\$ 24,948,290</u>                                                       | <u>\$ 83,155,724</u>                | <u>\$ 29,375,728</u>                            | <u>\$ -</u>                       |

(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

**NOTE 5 - MASTER TRUST (UNAUDITED) (Continued)**

|                                                                                          | Fair Value Measurements Using<br>Significant Unobservable Inputs (Level 3) |                                       |                               |                                           |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|-------------------------------|-------------------------------------------|
|                                                                                          | Hedge funds<br>multi-strategy                                              | Hedge funds<br>opportunistic<br>macro | Hedge funds<br>relative value | Limited<br>Partnerships<br>multi-strategy |
| Balance, January 1, 2010                                                                 | \$ 18,342,037                                                              | \$ 12,986,903                         | \$ 24,471,419                 | \$ 3,594,130                              |
| Total gains or losses<br>included in change in net<br>assets available for benefits:     |                                                                            |                                       |                               |                                           |
| Realized appreciation                                                                    | (1,148,398)                                                                | 433,891                               | 1,170,786                     | -                                         |
| Unrealized appreciation<br>(depreciation) (relating<br>to assets held at end of<br>year) | <u>-</u>                                                                   | <u>3,345,873</u>                      | <u>4,526,409</u>              | <u>981,535</u>                            |
| Net appreciation<br>(depreciation) in<br>fair value of<br>investments                    | (1,148,398)                                                                | 3,779,764                             | 5,697,195                     | 981,535                                   |
| Purchases, sales, issuances and<br>settlements (net)                                     | (17,193,639)                                                               | 22,499,999                            | 28,721,733                    | (1,089,483)                               |
| Transfers in and/or out of Level 3                                                       | <u>-</u>                                                                   | <u>-</u>                              | <u>-</u>                      | <u>-</u>                                  |
| Balance, December 31, 2010                                                               | <u>\$ -</u>                                                                | <u>\$ 39,266,666</u>                  | <u>\$ 58,890,347</u>          | <u>\$ 3,486,182</u>                       |

Included in the net investment income (loss) of the Master Trust for 2011 and 2010 is \$(33,132,390) and \$27,992,056, respectively of unrealized appreciation pertaining to Level 3 investments that are still held by the Master Trust as of December 31, 2011 and 2010 as follows:

|                                           | <u>2011</u>           | <u>2010</u>          |
|-------------------------------------------|-----------------------|----------------------|
| Credit hedge funds                        | \$ (3,361,363)        | \$ 3,800,073         |
| Long/short equity hedge funds             | (12,944,020)          | 14,582,381           |
| Merger arbitrage/Event driven hedge funds | (9,437,208)           | 755,785              |
| Portfolio diversifiers hedge funds        | (1,328,172)           | -                    |
| Opportunistic macro hedge funds           | (3,817,186)           | 3,345,873            |
| Relative value hedge funds                | (706,202)             | 4,526,409            |
| Multi-strategy limited partnerships       | <u>(1,538,239)</u>    | <u>981,535</u>       |
|                                           | <u>\$(33,132,390)</u> | <u>\$ 27,992,056</u> |

**NOTE 6 - FUNDING POLICY**

The funding policy is for cash contributions to be made to the Plan in amounts not less than the amount necessary to prevent an accumulated funding deficiency, as defined in Section 412 of the Internal Revenue Code ("IRC"). The Plan sponsor's contributions for 2011 and 2010 met the minimum funding requirements of ERISA.

(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

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**NOTE 7 - PLAN TERMINATION**

Although it has not expressed any intention to do so, Renco has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

The general priority upon termination of the Plan is that all accrued benefits shall vest 100%, the distribution provisions of the Plan shall remain operative, and the Trust shall continue until the Trustee, after written direction from the Plan Administrator, has distributed all of the benefits under the Plan. After satisfying the distribution requirements of this Plan, and to the extent permitted by law, the balance of any assets remaining in the Trust may be returned to the Renco.

Under Title IV of ERISA, Renco and other affiliated companies are considered a controlled group. Accordingly Renco and its affiliated companies are jointly and severally liable with all other members of the controlled group under Title IV of ERISA for obligations of other members of the controlled group that could include certain pension funding and excise taxes in the event that any member of the controlled group does not satisfy certain of its pension obligations arising pursuant to ERISA.

In such an event, statutory liens would arise in favor of the PBGC upon the assets of all of the other members of the controlled group not in bankruptcy, and may require the other members of the controlled group to satisfy such pension obligations.

**NOTE 8 - TAX STATUS**

The Internal Revenue Service has determined and informed the Plan sponsor by a letter dated December 22, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been restated and 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 IRC.

**NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others.

Renco provides certain administrative services to the Plan for which it receives no compensation.

Certain Plan investments and Master Trust investments at December 31, 2010 were in funds managed by Wells Fargo Funds Management, LLC, a division of Wells Fargo & Co. Wells Fargo Funds Management, LLC is the trustee of the Plan. Therefore, Plan assets invested in funds managed by Wells Fargo Funds Management, LLC, as of December 31, 2010 were party-in-interest investments.

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(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

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**NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS (Continued)**

Certain Plan investments at December 31, 2010 were in funds managed by Principal Life Insurance Company. Principal is a third party administrator, custodian and actuary for the Plan; therefore, these investments constitute party-in-interest investments.

The Plan paid the following party-in-interest expenses for the years ended December 31, 2011 and 2010:

|                            |                                    | <u>2011</u> | <u>2010</u> |
|----------------------------|------------------------------------|-------------|-------------|
| Principal Financial Group  | Third Party Administrator, Actuary |             |             |
|                            | Custodian                          | \$ 81,596   | \$ 86,430   |
| Spring Mountain Capital    | Investment Manager                 | -           | 35,026      |
| JP Morgan Chase Bank, N.A. | Investment Manager                 | 42,447      | 61,451      |
| Crowe Horwath              | Auditor                            | 13,550      | 12,500      |
| Wells Fargo Bank, N.A.     | Trustee                            | 4,867       | 8,026       |

**NOTE 10 - SUBSEQUENT EVENTS**

Plan management has evaluated subsequent events for recognition and disclosure through October 12, 2012, which is the date the financial statements were available to be issued.

**NOTE 11 - DECEMBER 31, 2011 ACTUARIAL VALUATION (UNAUDITED)**

The December 31, 2011 actuarial valuation was completed prior to the release of the financial statements. A summary of the actuarial valuation information provided by the plan's actuary, which has not been audited by independent accountants, is provided below for informational purposes.

The actuarial present value of accumulated plan benefits as of December 31, 2011 prior to effecting the transfer described in Note 1 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

|                                           |                   |
|-------------------------------------------|-------------------|
| Participants currently receiving payments | \$ 2,755,543      |
| Other participants                        | <u>12,714,696</u> |

Total actuarial present value of accumulated plan benefits \$ 15,470,239

The change in actuarial present value of accumulated plan benefits for the year ended December 31, 2011 consists of the following:

|                                                                           |                     |
|---------------------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 15,921,731       |
| Plan experience                                                           | (897)               |
| Increase for interest due to decrease in discount period                  | 1,105,189           |
| Benefits paid                                                             | (2,371,770)         |
| Change in assumptions                                                     | 815,986             |
| Plan merger (Note 1)                                                      | <u>(15,470,239)</u> |
| Actuarial present value of accumulated plan benefits at end of the year   | <u>\$ -</u>         |

(Continued)

PYRO/BARON RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2011 and 2010

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**NOTE 11 - DECEMBER 31, 2011 ACTUARIAL VALUATION (UNAUDITED) (Continued)**

The \$815,986 increase in the present value of accumulated plan benefits in 2011 was attributed to the updating of the segment rates used to value lump sum payouts from the 2011 segment rates to the 2012 segment rates.

As of January 1, 2012, the Plan's adjusted funding attainment percentage ("AFTAP") was above 80%. As a result of the AFTAP being greater than 80%, the Plan is not subject to any operational restrictions

## **SUPPLEMENTARY INFORMATION**

PYRO/BARON RETIREMENT PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2011

Name of plan sponsor:  
Employer identification number:  
Three-digit plan number:

The Renco Group, Inc.  
13-3370264  
008

| (a)<br><u>Identity of Issue or Borrower</u> | (b)<br><u>Description of Investment<br/>Including Maturity Date,<br/>Rate of Interest, Par<br/>or Maturity Value</u> | (c)<br><u>Purchase<br/>Price</u> | (d)<br><u>Selling<br/>Price</u> | (e)<br><u>Lease<br/>Rental</u> | (f)<br><u>Expense<br/>Incurred<br/>with<br/>Transaction</u> | (g)<br><u>Cost of<br/>Asset</u> | (h)<br><u>Current Value<br/>of Asset on<br/>Transaction<br/>Date</u> | (i)<br><u>Net Gain<br/>(Loss)</u> |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------|-------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------|-----------------------------------|
| *Principal Life Insurance                   | Money Market Separate Account                                                                                        | \$ 2,501,002                     | \$ 2,799,533                    | -                              | \$ -                                                        | \$ 2,501,002                    | \$ -                                                                 | \$ - (1)                          |
| *Wells Fargo Funds<br>Management, LLC       | Wells Fargo Advantage<br>Heritage Money Market Inst.                                                                 | 3,119,641                        | 3,128,805                       | -                              | -                                                           | 3,119,641                       | -                                                                    | -                                 |
|                                             |                                                                                                                      |                                  |                                 | -                              | -                                                           | 3,128,805                       | -                                                                    | -                                 |

Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets in which a single transaction is also in excess of 5% of the current value of Plan assets:

Refer to Report of Independent Auditors

\* Denotes party-in-interest transaction.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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 6047(e), 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**2011**This Form is Open to Public  
Inspection**Part I Annual Report Identification Information**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

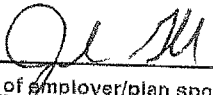
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or  
☒ a single-employer plan; ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report; ☒ the final return/report;  
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. .... ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;  
☐ special extension (enter description) \_\_\_\_\_

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan <u>Pyro/Baron Retirement Plan</u>                                                                                                                                                                                      | <b>1b</b> Three-digit plan number (PN) ▶ <u>008</u>                                                                                                                                                                      |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>The Rencò Group, Inc</u><br><br><u>1 Rockefeller Plz Fl 29</u><br><br><u>New York</u><br><br><u>NY 10020-2021</u> | <u>01/01/1984</u><br><b>2b</b> Employer Identification Number (EIN)<br><u>13-3370264</u><br><b>2c</b> Sponsor's telephone number<br><u>(212) 541-6000</u><br><b>2d</b> Business code (see instructions)<br><u>551112</u> |

**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<br>HERE |  | <u>12/11/12</u> | <u>John G Grimaldi -VP- THE RENCò GROUP, INC.</u>            |
|              | Signature of plan administrator                                                     | Date            | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |  | <u>12/11/12</u> | <u>John G Grimaldi -VP- THE RENCò GROUP, INC.</u>            |
|              | Signature of employer/plan sponsor                                                  | Date            | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                                                     |                 |                                                              |
|              | Signature of DFE                                                                    | Date            | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

Form 5500 (2011)  
v.012611

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")  
The Renco Group, Inc

1 Rockefeller Plz Fl 29

New York

NY 10020-2021

**3b** Administrator's EIN  
13-3370264

**3c** Administrator's telephone number  
(212) 541-6000

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

**5** Total number of participants at the beginning of the plan year

5

573

**6** Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).

**a** Active participants

6a

0

**b** Retired or separated participants receiving benefits

6b

0

**c** Other retired or separated participants entitled to future benefits

6c

0

**d** Subtotal. Add lines 6a, 6b, and 6c

6d

0

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e

0

**f** Total. Add lines 6d and 6e

6f

0

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g

**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

6h

0

**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:

1G 1I 3H

**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) ☐ 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) ☐ 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) ☒ R (Retirement Plan Information)  
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☒ H (Financial Information)  
(2) ☐ I (Financial Information - Small Plan)  
(3) ☒ 1 A (Insurance Information)  
(4) ☒ C (Service Provider Information)  
(5) ☒ D (DFE/Participating Plan Information)  
(6) ☐ G (Financial Transaction Schedules)

|                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                    |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br>This Form is Open to Public Inspection |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ Round off amounts to nearest dollar.

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

|                                                                                                  |                                                                                                                                                                                                               |                                         |     |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| <b>A</b> Name of plan<br>PYRO/BARON RETIREMENT PLAN                                              | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">008</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ▶ | 008 |
| <b>B</b> Three-digit plan number (PN) ▶                                                          | 008                                                                                                                                                                                                           |                                         |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>THE RENCO GROUP, INC | <b>D</b> Employer Identification Number (EIN)<br>13-3370264                                                                                                                                                   |                                         |     |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

| Part I Basic Information |                                                                                                                                                                                                                 |                                   |                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|
| <b>1</b>                 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>                                                                                                                                        |                                   |                           |
| <b>2</b>                 | <b>Assets:</b>                                                                                                                                                                                                  |                                   |                           |
|                          | <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                         | 13036239                  |
|                          | <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                         | 12510540                  |
| <b>3</b>                 | <b>Funding target/participant count breakdown:</b>                                                                                                                                                              | <b>(1) Number of participants</b> | <b>(2) Funding Target</b> |
|                          | <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b>                         | 70                        |
|                          | <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b>                         | 503                       |
|                          | <b>c</b> For active participants:                                                                                                                                                                               |                                   |                           |
|                          | (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b>                      | 0                         |
|                          | (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b>                      | 0                         |
|                          | (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b>                      | 0                         |
|                          | <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b>                         | 573                       |
|                          |                                                                                                                                                                                                                 |                                   | 16825953                  |
| <b>4</b>                 | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                         |                                   |                           |
|                          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                         |                           |
|                          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                         |                           |
| <b>5</b>                 | Effective interest rate .....                                                                                                                                                                                   | <b>5</b>                          | 6.26 %                    |
| <b>6</b>                 | Target normal cost .....                                                                                                                                                                                        | <b>6</b>                          | 285000                    |

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

|                      |                                                                 |                                                        |
|----------------------|-----------------------------------------------------------------|--------------------------------------------------------|
| <b>SIGN<br/>HERE</b> | <br>Signature of actuary                                        | <u>9-12-2012</u><br>Date                               |
|                      | David A. Stocklas<br>Type or print name of actuary              | 1105460<br>Most recent enrollment number               |
|                      | Principal Financial Group<br>Firm name                          | 412-394-9380<br>Telephone number (including area code) |
|                      | PO Box 9394<br>Des Moines, IA 50306-9394<br>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 |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 159597                | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 159597                | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                             | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.60</u> % .....                                             | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                    |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                    |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.68</u> % except as otherwise provided (see instructions) ..... |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                     |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                   |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                 | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                      | 0                     | 0                      |

| Part III Funding percentages                                                                                                                                               |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 74.35 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 74.35 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 83.18 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| Part IV Contributions and liquidity shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2011                                                                               | 209676                            | 0                               |                          |                                   |                                 |
| 07/15/2011                                                                               | 209676                            | 0                               |                          |                                   |                                 |
| 10/14/2011                                                                               | 209676                            | 0                               |                          |                                   |                                 |
| 01/13/2012                                                                               | 209676                            | 0                               |                          |                                   |                                 |
| 07/13/2012                                                                               | 358000                            | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 1196704                           | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          |                                   | 0                               |

|                                                                                                                                      |            |         |
|--------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> | 1132168 |

|                                                                                                                    |                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                        |                                                                     |  |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> If 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**

|                                                 |                                                                                                                                              |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.78 %                                                                                                                       | 2nd segment:<br>6.31 % | 3rd segment:<br>6.57 %                              |
|                                                 |                                                                                                                                              |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    | <b>21b</b>                                                                                                                                   |                        | 4                                                   |
| <b>22</b> Weighted average retirement age ..... | <b>22</b>                                                                                                                                    |                        | 65                                                  |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                                                          |                    |               |  |                     |             |                                                       |         |        |                                                |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|--|---------------------|-------------|-------------------------------------------------------|---------|--------|------------------------------------------------|---|---|
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                                                               | 285000             |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>                                                                                                                                                                                                                                                                                                                               | 0                  |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Net shortfall amortization installment .....</td> <td>4315413</td> <td>846746</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |                    |               |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment ..... | 4315413 | 846746 | <b>b</b> Waiver amortization installment ..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                                                      | Installment        |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 4315413                                                                                                                                                                                                                                                                                                                                  | 846746             |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                        | 0                  |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>                                                                                                                                                                                                                                                                                                                                |                    |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>                                                                                                                                                                                                                                                                                                                                | 1131746            |               |  |                     |             |                                                       |         |        |                                                |   |   |
|                                                                                                                                                                                      | Carryover balance                                                                                                                                                                                                                                                                                                                        | Prefunding balance | Total balance |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                        | 0                  | 0             |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>                                                                                                                                                                                                                                                                                                                                | 1131746            |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>                                                                                                                                                                                                                                                                                                                                | 1132168            |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                                                                                                                                                                                                                                                                                                                                          |                    |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>                                                                                                                                                                                                                                                                                                                               | 422                |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                                                               | 0                  |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>                                                                                                                                                                                                                                                                                                                                | 0                  |               |  |                     |             |                                                       |         |        |                                                |   |   |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>                                                                                                                                                                                                                                                                                                                                | 0                  |               |  |                     |             |                                                       |         |        |                                                |   |   |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

Schedule SB, Line 2a - Explanation of Assets  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$597,091 contributions received after the plan year end with a discounted value of \$570,515.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

The plan has no active participants. All inactive participants are expected to retire at the plan's assumed retirement age.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

| Assumptions Prescribed by Law   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                         |                        |       |       |       |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|------------------------|-------|-------|-------|
| Mortality                       | <p>During Benefit Payment Period</p> <p>IRS Prescribed Mortality-Generational Annuitant, male and female.</p> <p>Before Benefit Payment Period</p> <p>IRS Prescribed Mortality- Generational Non-annuitant, male and female.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                         |                        |       |       |       |
| Assumptions Selected by Actuary |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                         |                        |       |       |       |
| Asset Return                    | 7.50% for the current plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                         |                        |       |       |       |
| Expected Expense                | \$285,000 included in Target Normal Cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                         |                        |       |       |       |
| Retirement Age                  | All non-retired participants are assumed to retire at age 55.*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                         |                        |       |       |       |
| Disability                      | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                         |                        |       |       |       |
| Marriage                        | 75% married; husbands are 3 years older than wives.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                         |                        |       |       |       |
| Withdrawal                      | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                         |                        |       |       |       |
| Form of Benefit and Basis       | <p>100% of all non-retired participants will elect a benefit paid in a lump sum at the assumed retirement age based on the applicable mortality and the plan's funding target interest rates.</p> <table><tr><th>Segment 1<br/>Years 0-5</th><th>Segment 2<br/>Years 6-10</th><th>Segment 3<br/>Years 20+</th></tr><tr><td>3.78%</td><td>6.31%</td><td>6.57%</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Segment 1<br>Years 0-5 | Segment 2<br>Years 6-10 | Segment 3<br>Years 20+ | 3.78% | 6.31% | 6.57% |
| Segment 1<br>Years 0-5          | Segment 2<br>Years 6-10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Segment 3<br>Years 20+ |                         |                        |       |       |       |
| 3.78%                           | 6.31%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6.57%                  |                         |                        |       |       |       |
| Methods Prescribed by Law       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                         |                        |       |       |       |
| Liability Measure               | <p>Funding target is the present value of the benefits accrued on the valuation date. Target Normal Cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                         |                        |       |       |       |
| Benefit Accrual                 | <p>All benefits paid at decrement are considered in total and then split to determine how much is included in Funding Target. The following pieces are included in the Funding Target.</p> <ul style="list-style-type: none"><li>• The portion based on the plan's definition of accrued benefit.</li><li>• The benefit portion in excess of the accrued benefit based on the ratio of the participant's years of service on the valuation date to the years of service the participant will have at the time of decrement.</li></ul> <p>The benefits included in Target Normal Cost are calculated similarly, by splitting the benefits. The Target Normal Cost is based on the difference between the amount included in Funding Target and an amount calculated assuming the participant accrues service through the end of the plan year.</p> |                        |                         |                        |       |       |       |

\*Typographical correction to the 1/1/2010 Actuarial Valuation Report.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

| Methods Selected by Plan Sponsor |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Asset Method                     | <p>The asset valuation method is prescribed by law for plans that elect to use a value other than market value.</p> <p>For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.</p> <p>The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the Maximum Allowable Rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.</p> <p>When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.</p> |
| Segment Rates                    | 24 month average with no weighting to prior law basis. Use rates where August is the last month included in the average.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PBGC Premium Basis               | Premiums are calculated using the funding target rates used for the plan year. This method was elected with the 01/01/2009 plan year and must continue for five years before a change can be made.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Methods Elected by Actuary       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Retirees                         | Assets and liabilities for current and future retirees are included.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HCE Benefit Payment Restrictions | <p>A ratio of the market value of assets and funding target is used to determine if restrictions apply. Assets and Funding Target are as of the valuation date and are reduced by:</p> <ul style="list-style-type: none"> <li>• any retiree benefit index or floor</li> <li>• amounts for HCEs who were previously restricted</li> <li>• an amount for the retiring HCE</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Vested Benefits                  | <p>A benefit is included in vested benefits when the participant will meet age and service eligibility requirements at the valuation date. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.</p> <p>The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, and pre-retirement death benefits in excess of the Survivor Annuity Death Benefit except as noted in the Plan Provisions.</p>                                                                                                                                                                                                                                                                                                                                                                                       |

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

**Assumptions and Methods Elected by Actuary**  
**Plan Accounting (formerly known as SFAS No. 35)**

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular Funding Target and Target Normal Cost.

Interest Rate Used to Value 7.50%

Liabilities

Schedule SB, Part V - Summary of Plan Provisions  
 PYRO/BARON RETIREMENT PLAN  
 EIN 13-3370264 Plan No. 008

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the PYRO plan signed with the 2007 Interim Amendment on 12/20/07. This report reflects the provisions of the Baron Drawn Steel plan signed 12/15/1999 including amendments through number 3.

| Plan Eligibility            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                     | 1,000 hours of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Class                       | PYRO: Non-bargaining class.<br>Baron: Salaried employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Normal Retirement Benefit   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Age and Service             | PYRO: Attained age 62 and five years of plan participation but not later than age 70.<br>Baron: Attained age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Form                        | PYRO: Monthly annuity payable for life (optional forms may be elected in advance of retirement).<br>Baron: Monthly annuity payable for life with 10 years certain (optional forms may be elected in advance of retirement).                                                                                                                                                                                                                                                                                                                                              |
| Amount<br>(accrued benefit) | PYRO: Sum of (a), (b), (c), and (d) below:<br>(a) An amount equal to \$17.08875 for each year of accrued service, but not more than 10 years.<br>(b) An amount equal to \$17.64 for each year of accrual service in excess of 10 years, but not more than 20 years.<br>(c) An amount equal to \$18.19125 for each year of accrual service in excess of 20 years, but not more than 30 years.<br>(d) An amount equal to \$18.7425 for each year of accrual service in excess of 30 years, but not more than 40 years.<br>--Benefits are frozen effective August 19, 2003. |

Schedule SB, Part V - Summary of Plan Provisions  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                | <p>Baron: Sum of (a) multiplied by (b) plus (c) below:</p> <p>(a) 27.5% of average compensation not excess of integration level plus 37.5% of average compensation in excess of integration level</p> <p>(b) Number of expected month of service (maximum 180) divided by 180.</p> <p>(c) .5% of average compensation multiplied by years of accrual service in excess of 15.</p> <p>Accrued Benefits were frozen effective September 30, 2003.</p> |
| <b>Minimum Accrued Benefit</b> | <p>Baron:</p> <p>(1) \$10 multiplied by years of accrual service.</p> <p>(2) Accrued benefit as of 12/31/1999.</p>                                                                                                                                                                                                                                                                                                                                  |

| <b>Early Retirement Benefit</b> |                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Age</b>                      | Attained age 55.                                                                                                                                                                                                                                                                                                                                                          |
| <b>Service</b>                  | <p>PYRO: Five years of service with the employer.</p> <p>Baron: Ten years of accrual service.</p>                                                                                                                                                                                                                                                                         |
| <b>Form</b>                     | Same as normal retirement benefit.                                                                                                                                                                                                                                                                                                                                        |
| <b>Amount</b>                   | <p>PYRO: Accrued benefit on early retirement date reduced by 3% for each year the early retirement date precedes normal retirement date (but not less than the early retirement benefit as provided on December 31, 1988).</p> <p>Baron: Accrued benefit on early retirement date reduced 6% for each year the early retirement date precedes normal retirement date.</p> |

Schedule SB, Part V - Summary of Plan Provisions  
 PYRO/BARON RETIREMENT PLAN  
 EIN 13-3370264 Plan No. 008

| Late Retirement Benefit |                                                                                                                                                                                                                    |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age                     | No maximum age.                                                                                                                                                                                                    |
| Form                    | Same as normal retirement benefit.                                                                                                                                                                                 |
| Amount                  | <p>PYRO: Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date.</p> <p>Baron: Accrued benefit on late retirement date.</p> |

| Termination Benefit |                                                                                      |
|---------------------|--------------------------------------------------------------------------------------|
| Vesting Percentage  | 100% after five years of vesting service.                                            |
| Form                | Same as normal retirement benefit with income deferred until normal retirement date. |
| Amount              | Accrued benefit on date of termination multiplied by the vesting percentage.         |

| Disability Benefit |                                                                                                                                                                                                                                                                                                                                                              |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility        | <p>PYRO: If disability occurs on the job or while off the job on and after the earlier of:</p> <ul style="list-style-type: none"> <li>(i) attained age 62 or</li> <li>(ii) both attained age 55 and completed five years of vesting service</li> </ul> <p>Baron: Five years of vesting service.</p>                                                          |
| Form               | <p>PYRO: Monthly income payable until normal retirement, death, or recovery and a deferred annuity payable at the normal retirement date.</p> <p>Baron: Monthly income deferred to normal retirement date.</p>                                                                                                                                               |
| Amount             | <p>PYRO: Accrued benefit on date of disability reduced 3% per year to reflect number of years preceding normal retirement date less payment of any other disability benefit to which employer has contributed.</p> <p>Baron: Accrued benefit using average compensation as of date of disability and expected accrual service at normal retirement date.</p> |

| Survivor Annuity Death Benefit |                                                                                                                                                                                                                                                                                                                      |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility                    | Qualified married participant fully or partially vested in an accrued benefit.                                                                                                                                                                                                                                       |
| Form                           | Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.                                                                                                                                                                                               |
| Amount                         | If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day. |

| Single Sum Death Benefit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility              | <p>PYRO: Terminated participant who is entitled to receive, or is receiving a normal or early retirement benefit. Participant who terminated employment on or after the date he is eligible for an early or normal retirement benefit. This benefit is payable to those eligible participants who have not begun receiving annuity payments as well as those eligible participants in pay status. This benefit is not payable to participants who are actively employed at the time of death or benefit commencement date.</p> <p>Baron: Death of a participant who is receiving normal or early retirement benefits</p> |
| Form                     | Lump sum.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Amount                   | <p>PYRO: \$2,500.</p> <p>Baron: \$5,000.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

### Definitions

#### Integration Level

Baron: The monthly average of the Social Security taxable wage bases (in effect under Section 230 of the Social Security Act) for each year in the 35-year period ending with the year the employee attains Social Security retirement age.

#### Optional Forms of Benefit Payments

PYRO: The optional forms of benefit payments are:

- Monthly annuity payable for life, or 5, 10, or 15 years certain and life
- Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75, or 100
- Single sum payment equal to the present value of the retirement benefit

The optional form conversion basis is 7.5% interest and the mortality described in Revenue Ruling 95-6 for payments other than lump sums. The optional form conversion basis uses the applicable interest rate and applicable mortality as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the second calendar month preceding the payment month.

Baron: The optional forms of benefit payments are:

- Monthly annuity payable for 10 years certain and life.
- Monthly annuity payable for 10 years certain and then either a 50%, 75%, or 100% survivorship annuity payable afterwards.
- Single sum payment equal to the present value of the retirement benefit and post-retirement death benefit.

The optional form conversion basis is 5.0% interest and UP 1984 Mortality Table for payments other than lump sums. The optional form conversion basis uses the applicable interest rate and applicable mortality as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.

#### Significant Event

The following significant event occurred during the plan year:

There was a merger effective 12/31/2011. The Pyro/Baron Retirement Plan (EIN:13-3370264; Plan No. 008) merged into the WCI Steel Frozen Defined Benefit Plan (EIN: 13-3370264; Plan No. 003) to form WCI Steel/Pyro/Baron Retirement Plan.

#### Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Schedule SB, Line 32 - Schedule of Amortization Bases  
 PYRO/BARON RETIREMENT PLAN  
 EIN 13-3370264 Plan No. 008

| Shortfall    |               |                 |               |
|--------------|---------------|-----------------|---------------|
| Date Created | Present Value | Remaining Years | Annual Charge |
| 01/01/2011   | \$1,659,533   | 7               | \$273,042     |
| 01/01/2010   | 2,705,487     | 6               | \$502,391     |
| 01/01/2009   | (1,723,727)   | 5               | (370,790)     |
| 01/01/2008   | 1,674,120     | 4               | 442,103       |
| Total        | \$4,315,413   |                 | \$846,746     |

Last year's total shortfall annual charge was \$573,704.

The total annual charge used in calculating your Annual Cost cannot be less than zero.

| Waiver       |               |                 |               |
|--------------|---------------|-----------------|---------------|
| Date Created | Present Value | Remaining Years | Annual Charge |
| N/A          | N/A           | N/A             | N/A           |

There are no waiver bases for the current year.

Schedule SB, Line 2a - Explanation of Assets  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$597,091 contributions received after the plan year end with a discounted value of \$570,515.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

The plan has no active participants. All inactive participants are expected to retire at the plan's assumed retirement age.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

| Assumptions Prescribed by Law   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                         |                        |       |       |       |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|------------------------|-------|-------|-------|
| Mortality                       | <p>During Benefit Payment Period<br/>IRS Prescribed Mortality-Generational Annuitant, male and female.</p> <p>Before Benefit Payment Period<br/>IRS Prescribed Mortality- Generational Non-annuitant, male and female.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                         |                        |       |       |       |
| Assumptions Selected by Actuary |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                         |                        |       |       |       |
| Asset Return                    | 7.50% for the current plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                         |                        |       |       |       |
| Expected Expense                | \$285,000 included in Target Normal Cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                         |                        |       |       |       |
| Retirement Age                  | All non-retired participants are assumed to retire at age 55.*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                         |                        |       |       |       |
| Disability                      | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                         |                        |       |       |       |
| Marriage                        | 75% married; husbands are 3 years older than wives.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                         |                        |       |       |       |
| Withdrawal                      | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                         |                        |       |       |       |
| Form of Benefit and Basis       | <p>100% of all non-retired participants will elect a benefit paid in a lump sum at the assumed retirement age based on the applicable mortality and the plan's funding target interest rates.</p> <table><tr><th>Segment 1<br/>Years 0-5</th><th>Segment 2<br/>Years 6-19</th><th>Segment 3<br/>Years 20+</th></tr><tr><td>3.78%</td><td>6.31%</td><td>6.57%</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Segment 1<br>Years 0-5 | Segment 2<br>Years 6-19 | Segment 3<br>Years 20+ | 3.78% | 6.31% | 6.57% |
| Segment 1<br>Years 0-5          | Segment 2<br>Years 6-19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Segment 3<br>Years 20+ |                         |                        |       |       |       |
| 3.78%                           | 6.31%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6.57%                  |                         |                        |       |       |       |
| Methods Prescribed by Law       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                         |                        |       |       |       |
| Liability Measure               | <p>Funding target is the present value of the benefits accrued on the valuation date. Target Normal Cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                         |                        |       |       |       |
| Benefit Accrual                 | <p>All benefits paid at decrement are considered in total and then split to determine how much is included in Funding Target. The following pieces are included in the Funding Target.</p> <ul style="list-style-type: none"><li>• The portion based on the plan's definition of accrued benefit.</li><li>• The benefit portion in excess of the accrued benefit based on the ratio of the participant's years of service on the valuation date to the years of service the participant will have at the time of decrement.</li></ul> <p>The benefits included in Target Normal Cost are calculated similarly, by splitting the benefits. The Target Normal Cost is based on the difference between the amount included in Funding Target and an amount calculated assuming the participant accrues service through the end of the plan year.</p> |                        |                         |                        |       |       |       |

\*Typographical correction to the 1/1/2010 Actuarial Valuation Report.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
 PYRO/BARON RETIREMENT PLAN  
 EIN 13-3370264 Plan No. 008

| Methods Selected by Plan Sponsor |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Asset Method                     | <p>The asset valuation method is prescribed by law for plans that elect to use a value other than market value.</p> <p>For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.</p> <p>The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the Maximum Allowable Rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.</p> <p>When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.</p> |
| Segment Rates                    | 24 month average with no weighting to prior law basis. Use rates where August is the last month included in the average.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PBGC Premium Basis               | Premiums are calculated using the funding target rates used for the plan year. This method was elected with the 01/01/2009 plan year and must continue for five years before a change can be made.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Methods Elected by Actuary       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Retirees                         | Assets and liabilities for current and future retirees are included.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HCE Benefit Payment Restrictions | <p>A ratio of the market value of assets and funding target is used to determine if restrictions apply. Assets and Funding Target are as of the valuation date and are reduced by:</p> <ul style="list-style-type: none"> <li>• any retiree benefit index or floor</li> <li>• amounts for HCEs who were previously restricted</li> <li>• an amount for the retiring HCE</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Vested Benefits                  | <p>A benefit is included in vested benefits when the participant will meet age and service eligibility requirements at the valuation date. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.</p> <p>The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, and pre-retirement death benefits in excess of the Survivor Annuity Death Benefit except as noted in the Plan Provisions.</p>                                                                                                                                                                                                                                                                                                                                                                                       |

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

**Assumptions and Methods Elected by Actuary**  
**Plan Accounting (formerly known as SFAS No. 35)**

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular Funding Target and Target Normal Cost.

**Interest Rate Used to Value** 7.50%

**Liabilities**

Schedule SB, Part V - Summary of Plan Provisions  
 PYRO/BARON RETIREMENT PLAN  
 EIN 13-3370264 Plan No. 008

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the PYRO plan signed with the 2007 Interim Amendment on 12/20/07. This report reflects the provisions of the Baron Drawn Steel plan signed 12/15/1999 including amendments through number 3.

| Plan Eligibility            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                     | 1,000 hours of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Class                       | PYRO: Non-bargaining class.<br>Baron: Salaried employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Normal Retirement Benefit   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Age and Service             | PYRO: Attained age 62 and five years of plan participation but not later than age 70.<br>Baron: Attained age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Form                        | PYRO: Monthly annuity payable for life (optional forms may be elected in advance of retirement).<br>Baron: Monthly annuity payable for life with 10 years certain (optional forms may be elected in advance of retirement).                                                                                                                                                                                                                                                                                                                                              |
| Amount<br>(accrued benefit) | PYRO: Sum of (a), (b), (c), and (d) below:<br>(a) An amount equal to \$17.08875 for each year of accrued service, but not more than 10 years.<br>(b) An amount equal to \$17.64 for each year of accrual service in excess of 10 years, but not more than 20 years.<br>(c) An amount equal to \$18.19125 for each year of accrual service in excess of 20 years, but not more than 30 years.<br>(d) An amount equal to \$18.7425 for each year of accrual service in excess of 30 years, but not more than 40 years.<br>--Benefits are frozen effective August 19, 2003. |

Schedule SB, Part V - Summary of Plan Provisions  
PYRO/BARON RETIREMENT PLAN  
EIN 13-3370264 Plan No. 008

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                | <p>Baron: Sum of (a) multiplied by (b) plus (c) below:</p> <p>(a) 27.5% of average compensation not excess of integration level plus 37.5% of average compensation in excess of integration level</p> <p>(b) Number of expected month of service (maximum 180) divided by 180.</p> <p>(c) .5% of average compensation multiplied by years of accrual service in excess of 15.</p> <p>Accrued Benefits were frozen effective September 30, 2003.</p> |
| <b>Minimum Accrued Benefit</b> | <p>Baron:</p> <p>(1) \$10 multiplied by years of accrual service.</p> <p>(2) Accrued benefit as of 12/31/1999.</p>                                                                                                                                                                                                                                                                                                                                  |

| <b>Early Retirement Benefit</b> |                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Age</b>                      | Attained age 55.                                                                                                                                                                                                                                                                                                                                                          |
| <b>Service</b>                  | <p>PYRO: Five years of service with the employer.</p> <p>Baron: Ten years of accrual service.</p>                                                                                                                                                                                                                                                                         |
| <b>Form</b>                     | Same as normal retirement benefit.                                                                                                                                                                                                                                                                                                                                        |
| <b>Amount</b>                   | <p>PYRO: Accrued benefit on early retirement date reduced by 3% for each year the early retirement date precedes normal retirement date (but not less than the early retirement benefit as provided on December 31, 1988).</p> <p>Baron: Accrued benefit on early retirement date reduced 6% for each year the early retirement date precedes normal retirement date.</p> |

Schedule SB, Part V - Summary of Plan Provisions  
 PYRO/BARON RETIREMENT PLAN  
 EIN 13-3370264 Plan No. 008

| Late Retirement Benefit |                                                                                                                                                                                                                    |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age                     | No maximum age.                                                                                                                                                                                                    |
| Form                    | Same as normal retirement benefit.                                                                                                                                                                                 |
| Amount                  | <p>PYRO: Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date.</p> <p>Baron: Accrued benefit on late retirement date.</p> |

| Termination Benefit |                                                                                      |
|---------------------|--------------------------------------------------------------------------------------|
| Vesting Percentage  | 100% after five years of vesting service.                                            |
| Form                | Same as normal retirement benefit with income deferred until normal retirement date. |
| Amount              | Accrued benefit on date of termination multiplied by the vesting percentage.         |

| Disability Benefit |                                                                                                                                                                                                                                                                                                                                                              |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility        | <p>PYRO: If disability occurs on the job or while off the job on and after the earlier of:</p> <ul style="list-style-type: none"> <li>(i) attained age 62 or</li> <li>(ii) both attained age 55 and completed five years of vesting service</li> </ul> <p>Baron: Five years of vesting service.</p>                                                          |
| Form               | <p>PYRO: Monthly income payable until normal retirement, death, or recovery and a deferred annuity payable at the normal retirement date.</p> <p>Baron: Monthly income deferred to normal retirement date.</p>                                                                                                                                               |
| Amount             | <p>PYRO: Accrued benefit on date of disability reduced 3% per year to reflect number of years preceding normal retirement date less payment of any other disability benefit to which employer has contributed.</p> <p>Baron: Accrued benefit using average compensation as of date of disability and expected accrual service at normal retirement date.</p> |

Schedule SB, Part V - Summary of Plan Provisions  
 PYRO/BARON RETIREMENT PLAN  
 EIN 13-3370264 Plan No. 008

| Survivor Annuity Death Benefit |                                                                                                                                                                                                                                                                                                                      |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility                    | Qualified married participant fully or partially vested in an accrued benefit.                                                                                                                                                                                                                                       |
| Form                           | Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.                                                                                                                                                                                               |
| Amount                         | If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day. |

| Single Sum Death Benefit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility              | <p>PYRO: Terminated participant who is entitled to receive, or is receiving a normal or early retirement benefit. Participant who terminated employment on or after the date he is eligible for an early or normal retirement benefit. This benefit is payable to those eligible participants who have not begun receiving annuity payments as well as those eligible participants in pay status. This benefit is not payable to participants who are actively employed at the time of death or benefit commencement date.</p> <p>Baron: Death of a participant who is receiving normal or early retirement benefits</p> |
| Form                     | Lump sum.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Amount                   | <p>PYRO: \$2,500.</p> <p>Baron: \$5,000.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

### Definitions

#### Integration Level

Baron: The monthly average of the Social Security taxable wage bases (in effect under Section 230 of the Social Security Act) for each year in the 35-year period ending with the year the employee attains Social Security retirement age.

#### Optional Forms of Benefit Payments

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- Monthly annuity payable for life, or 5, 10, or 15 years certain and life
- Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75, or 100
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The optional form conversion basis is 7.5% interest and the mortality described in Revenue Ruling 95-6 for payments other than lump sums. The optional form conversion basis uses the applicable interest rate and applicable mortality as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the second calendar month preceding the payment month.

Baron: The optional forms of benefit payments are:

- Monthly annuity payable for 10 years certain and life.
- Monthly annuity payable for 10 years certain and then either a 50%, 75%, or 100% survivorship annuity payable afterwards.
- Single sum payment equal to the present value of the retirement benefit and post-retirement death benefit.

The optional form conversion basis is 5.0% interest and UP 1984 Mortality Table for payments other than lump sums. The optional form conversion basis uses the applicable interest rate and applicable mortality as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.

### Significant Event

The following significant event occurred during the plan year:

There was a merger effective 12/31/2011. The Pyro/Baron Retirement Plan (EIN:13-3370264; Plan No. 008) merged into the WCI Steel Frozen Defined Benefit Plan (EIN: 13-3370264; Plan No. 003) to form WCI Steel/Pyro/Baron Retirement Plan.

### Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Schedule SB, Line 32 - Schedule of Amortization Bases  
 PYRO/BARON RETIREMENT PLAN  
 EIN 13-3370264 Plan No. 008

| Shortfall    |               |                 |               |
|--------------|---------------|-----------------|---------------|
| Date Created | Present Value | Remaining Years | Annual Charge |
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| 01/01/2010   | 2,705,487     | 6               | \$502,391     |
| 01/01/2009   | (1,723,727)   | 5               | (370,790)     |
| 01/01/2008   | 1,674,120     | 4               | 442,103       |
| Total        | \$4,315,413   |                 | \$846,746     |

Last year's total shortfall annual charge was \$573,704.

The total annual charge used in calculating your Annual Cost cannot be less than zero.

| Waiver       |               |                 |               |
|--------------|---------------|-----------------|---------------|
| Date Created | Present Value | Remaining Years | Annual Charge |
| N/A          | N/A           | N/A             | N/A           |

There are no waiver bases for the current year.

PYRO/BARON RETIREMENT PLAN  
SCHEDULE H, LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2011

Name of plan sponsor:  
Employer identification number:  
Three-digit plan number:

The Renco Group, Inc.  
13-3370264  
008

| (a)<br><u>Identity of Issue or Borrower</u> | (b)<br><u>Description of Investment<br/>Including Maturity Date,<br/>Rate of Interest, Par<br/>or Maturity Value</u> | (c)<br><u>Purchase<br/>Price</u> | (d)<br><u>Selling<br/>Price</u> | (e)<br><u>Lease<br/>Rental</u> | (f)<br><u>Expense<br/>Incurred<br/>with<br/>Transaction</u> | (g)<br><u>Cost of<br/>Asset</u> | (h)<br><u>Current Value<br/>of Asset on<br/>Transaction<br/>Date</u> | (i)<br><u>Net Gain<br/>(Loss)</u> |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------|-------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------|-----------------------------------|
| *Principal Life Insurance                   | Money Market Separate Account                                                                                        | \$ 2,501,002                     | \$ 2,799,533                    | \$ -                           | \$ -                                                        | \$ 2,501,002                    | \$ -                                                                 | \$ -                              |
| *Wells Fargo Funds<br>Management, LLC       | Wells Fargo Advantage<br>Heritage Money Market Inst.                                                                 | 3,119,641                        | 3,128,805                       | -                              | -                                                           | 3,119,641                       | -                                                                    | (1)                               |
|                                             |                                                                                                                      |                                  |                                 |                                |                                                             | 2,799,534                       |                                                                      |                                   |
|                                             |                                                                                                                      |                                  |                                 |                                |                                                             | 3,128,805                       |                                                                      |                                   |

**Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets in which a single transaction is also in excess of 5% of the current value of Plan assets:**

Refer to Report of Independent Auditors

\* Denotes party-in-interest transaction.