Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WCI STEEL/PYRO/BARON RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/01/1995

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE RENCO GROUP, INC.

ONE ROCKEFELLER PLAZA - 29TH FLOOR
NEW YORK, NY 10020

2b Employer Identification Number (EIN)
13-3370264

2c Plan Sponsor's telephone number
212-541-6000

2d Business code (see instructions)
551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2021	JOHN GRIMALDI - VP THE RENCO GROUP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	2074
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	1750
c Other retired or separated participants entitled to future benefits	**6c**	499
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2249
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	2249
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 who 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 Characteristics Codes in the instructions:

1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
WCI STEEL/PYRO/BARON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE RENCO GROUP, INC.

D Employer Identification Number (EIN)
13-3370264

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

1 Coverage Information:

(a) Name of insurance carrier
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	804735	2629	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	3394554

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

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. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

A Name of plan
WCI STEEL/PYRO/BARON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE RENCO GROUP, INC.

D Employer Identification Number (EIN)
13-3370264

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
	a Market value	**2a**		206160219
	b Actuarial value	**2b**		194013804
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	1439	167016526	167016526
	b For terminated vested participants	635	26060433	26060433
	c For active participants	0	0	0
	d Total	2074	193076959	193076959
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	**4a**		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		5.59 %
6	Target normal cost	**6**		1500000

Statement by Enrolled Actuary

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

SIGN HERE

	09/29/2021
Signature of actuary	Date
DAVID A. STOCKLAS	20-05460
Type or print name of actuary	Most recent enrollment number
PRINCIPAL FINANCIAL GROUP	412-394-9380
Firm name	Telephone number (including area code)
PO BOX 9394 DES MOINES, IA 50306-9394	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 20.22 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4341422
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.36 %		232700
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4574122
	d Portion of (c) to be added to prefunding balance		4574122
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4574122

Part III Funding Percentages

14	Funding target attainment percentage	14	98.11 %
15	Adjusted funding target attainment percentage	15	95.39 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2020	2937900	0			
			Totals ► 18(b)	2937900	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2782780

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22**

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

Part VI Miscellaneous Items

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

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	1500000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3637277	415294
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1915294

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1915294
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2782780
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	867486
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
WCI STEEL/PYRO/BARON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE RENCO GROUP, INC.

D Employer Identification Number (EIN)
13-3370264

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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 50 64	CONTRACT ADMINISTRATOR	349284	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JPMORGAN CHASE BANK N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	47535	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	25260	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 59 63	TRUSTEE	23166	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EISNERAMPER LLP

13-1639826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	CONSULTANT	8030	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
WCI STEEL/PYRO/BARON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE RENCO GROUP, INC.

D Employer Identification Number (EIN)
13-3370264

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-024	P	3394554

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

b Name of sponsor of entity listed in (a): THE RENCO GROUP, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3370264-050	M	271309269

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(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
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
WCI STEEL/PYRO/BARON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE RENCO GROUP, INC.

D Employer Identification Number (EIN)
13-3370264

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5245990	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6001	11489524
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1783317	3394554
(11) Value of interest in master trust investment accounts	1c(11)	201800348	271309269
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	208835656	286193347
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	16827	15968
k	Total liabilities (add all amounts in lines 1g through1j)	1k	16827	15968
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	208818829	286177379

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2937900	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2937900
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	353	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		353
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1514
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		20635402
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		23575169
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17124984	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		17124984
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	25260	
(2) Contract administrator fees	2i(2)	349284	
(3) Investment advisory and management fees	2i(3)	47535	
(4) Other	2i(4)	1119223	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1541302
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18666286
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4908883
l Transfers of assets:			
(1) To this plan	2l(1)		72449667
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CROWE 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4329056.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
WCI STEEL/PYRO/BARON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE RENCO GROUP, INC.

D Employer Identification Number (EIN)
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):

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** 14

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 64.0 % Investment-Grade Debt: 26.0 % High-Yield Debt: 2.0 % Real Estate: 1.0 % Other: 7.0 %

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 line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

WCI STEEL/PYRO/BARON
RETIREMENT PLAN

FINANCIAL STATEMENTS
December 31, 2020 and 2019

WCI STEEL/PYRO/BARON RETIREMENT PLAN
New York, New York

FINANCIAL STATEMENTS
December 31, 2020 and 2019

CONTENTS

INDEPENDENT AUDITOR'S REPORT 1

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS 3

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 4

STATEMENT OF ACCUMULATED PLAN BENEFITS 5

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS 6

NOTES TO FINANCIAL STATEMENTS 7

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) 20

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS 21

Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of WCI Steel/Pyro/Baron Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2019, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 3, which was certified by Wells Fargo Bank, N.A. ("Wells Fargo") and Principal Life Insurance Company ("Principal") except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Wells Fargo and Principal hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from Wells Fargo and Principal as of December 31, 2020 and 2019 and for the years then ended that the information provided to the plan administrator by Wells Fargo and Principal is complete and accurate.

(Continued)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As described in Note 1, the Renco Group, Inc. – USW Defined Benefit Plan and The Renco Group, Inc. – Wheeling Salaried Employees Pension Plan merged into the Plan effective December 31, 2020. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held At End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Wells Fargo and Principal, 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 LLP

Crowe LLP

South Bend, Indiana
October 12, 2021

WCI STEEL/PYRO/BARON RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments, at fair value		
Pooled separate accounts	$ 3,394,554	$ 1,783,317
Money market fund	11,489,524	6,001
Investment in Master Trust	271,309,269	201,800,348
	286,193,347	203,589,666
Receivables		
Employer contribution	-	5,245,990
Total assets	286,193,347	208,835,656
LIABILITIES		
Accrued expenses	15,968	16,827
NET ASSETS AVAILABLE FOR BENEFITS	$ 286,177,379	$ 208,818,829

See accompanying notes to financial statements.

WCI STEEL/PYRO/BARON RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2020 and 2019

	2020	2019
Net investment income		
Net gain from interest in Master Trust	$ 20,635,402	$ 35,073,154
Net appreciation in fair value of investments	1,514	12,878
Interest and dividend income	353	1,705
	20,637,269	35,087,737
Employer contributions	2,937,900	8,359,804
Benefits payments	(17,124,984)	(18,067,681)
Administrative expenses and other	(1,541,302)	(1,733,750)
Net increase prior to transfers	4,908,883	23,646,110
Transfer in from merged plans	72,449,667	-
Net increase	77,358,550	23,646,110
Net assets available for benefits		
Beginning of year	208,818,829	185,172,719
End of year	$ 286,177,379	$ 208,818,829

See accompanying notes to financial statements.

WCI STEEL/PYRO/BARON RETIREMENT PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2019

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 139,964,872
Other participants	22,241,758
Total actuarial present value of accumulated plan benefits	$ 162,206,630

See accompanying notes to financial statements.

WCI STEEL/PYRO/BARON RETIREMENT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the year ended December 31, 2019

Actuarial present value of accumulated plan benefits at beginning of year	$ 168,437,132
Increase (decrease) during the year attributable to:	
Interest due to decrease in the discount period	11,967,496
Benefits accumulated and plan experience	(574,208)
Change in assumptions	443,891
Benefits paid	(18,067,681)
Net decrease	(6,230,502)
Actuarial present value of accumulated plan benefits at end of year	$ 162,206,630

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the WCI Steel/Pyro/Baron Retirement Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General: The Plan is sponsored by The Renco Group, Inc. ("Renco") and is a defined benefit pension plan subject to provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") (as amended).

The Plan was originally established effective September 1, 1995 and restated September 1, 1999, May 1, 2006, and December 31, 2011. The Plan is a defined benefit pension plan covering substantially all former employees of WCI Steel, Inc. ("WCI", "Company" and "Old WCI") who were covered by a collective bargaining agreement who became eligible after attainment of age 21 and completion of one year of service, whichever is later. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. On May 1, 2006, The Renco Group, Inc. ("Renco") assumed the Plan in conjunction with WCI emerging from Chapter 11 under a consensual plan of reorganization that resulted in the transfer of all assets and liabilities, except the pension to a newly formed company owned by the creditors of Old WCI. The Plan was amended effective May 1, 2006, to reflect the change of sponsor, freeze credited service, eligibility and benefits, and change its name to the "WCI Steel Frozen Defined Benefit Plan." Effective November 9, 2007, the Plan year-end was changed from October 31 to December 31.

Effective December 31, 2011, the Pyro/Baron Retirement Plan ("Pyro/Baron Plan") merged into the Plan, and the Plan was restated and renamed the WCI Steel/Pyro/Baron Retirement Plan. Effective August 19, 2003 and September 30, 2003 the former Pyro Mining Company Employees' Pension Plan ("Pyro Plan") and the former Baron Drawn Steel Retirement Plan ("Baron"), which merged on December 31, 2009 to become the Pyro/Baron Plan, were amended to eliminate entry into the Pyro Plan and Baron Plan by non-participating employees and allowed for no additional accrual of benefits as of this date, respectfully.

Effective December 31, 2020, The Renco Group, Inc. – USW Defined Benefit Plan (the "USW Plan") and The Renco Group, Inc. Wheeling Salaried Employees Pension Plan (the "Wheeling Plan") (collectively, the "Merged Plans") merged into the Plan and all of the net assets and accumulated plan benefits of the Merged Plans in the amounts of $72,449,667 and $69,666,989 (unaudited), respectively, were transferred into the Plan.

Plan Administration: A portion of the investments of the Plan, along with certain other defined benefit plans sponsored by Renco and its subsidiaries, are invested under the directed trusteeship of Wells Fargo Bank, NA ("Wells Fargo") in the Renco Master Trust ("Master Trust"). The Master Trust was established effective July 14, 2006.

Contributions: 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"). In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was enacted. The CARES Act allows plan sponsors of single employer defined benefit plans to defer cash contributions to their defined benefit plan that would otherwise be due during the 2020 calendar year, including regularly scheduled 2019 plan contributions to be paid in 2020, to January 1, 2021. The Plan met the minimum funding requirements of ERISA for the year ended December 31, 2020.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Pension Benefits – Former WCI Steel, Inc. Employees: Eligible former employees with 30 or more years of continuous service or who attained normal retirement age while employed by the Company are entitled to a minimum monthly pension benefit equal to:

Effective September 1, 2002: $56.25 for each year of continuous service up to 30 years, plus $75 for each year of continuous service in excess of 30 years. Employees retiring with at least 30 years of continuous service receive the following minimum monthly benefits, based upon the employee's age at retirement:

Attained age	Minimum Monthly Benefit
Less than 55	$ 1,050
55 – 60	1,250
61 – 62	1,350
63	1,450
64	1,550
65 and over	1,660

In addition, a monthly supplement ranging from $150 - $400 is payable to all former employees retiring with 30 years of continuous service until the later of age 62 or one year from date of retirement. If employees were terminated before rendering five years of credited service, they forfeited the right to receive a retirement benefit. The Plan also provides for early retirement benefits.

Employees retiring with less than 30 years of continuous service receive $1,660 multiplied by the years of continuous services divided by 30.

As a result of the December 1999 collective bargaining agreement with the USWA, the assets related to the non-participant-directed Defined Contribution Plan ("DCP") were merged into the Plan. On termination of service a DCP participant may elect to receive a lump-sum distribution for the greater of 10% of the value of the participant's vested interest or $10,000, or receive pension benefits as described above. Any remaining portion of the participant's vested interest, not received in a lump sum distribution, is transferred and then used in the calculation of the Plan's actuarial present value of accumulated plan benefits as described in Note 2. Effective May 1, 2006, all participants were terminated, and the remaining defined contribution benefits under the DCP were eliminated and the remaining DCP benefits became defined benefit obligations under the 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.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

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.

Death and Disability Benefits – Former WCI Steel, Inc. Employees: If a fully vested active participant dies, a death benefit equal to the amount that would have been paid had the participant terminated employment on the date of death, survived to his/her early retirement age, retired with a 50% joint and survivor annuity in effect, then died the next day. Payments begin at the later of date of death or when the participant would have attained age 60.

Disability benefits are paid if the participant has 15 years of continuous service and is totally and permanently disabled. The participant is paid his/her accrued benefit without reduction until age 62. If the participant is not entitled to Social Security Disability Benefit, an additional $400 may be paid.

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.

Vesting – Former WCI Steel, Inc. Employees: Employees are 100 percent vested once they have accumulated five years of credited service with the Company. Effective May 1, 2006, participants ceased to accrue vesting service.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Vesting – Former Pyro Mining Employees: Employees are 100 percent vested once they have accumulated five years of credited service with the Company. Effective August 19, 2003, participants ceased to accrue vesting service.

Vesting – Former Baron Employees: Employees are 100 percent vested once they have accumulated five years of credited service with the Company. Effective September 30, 2003, participants ceased to accrue vesting service.

Termination: The Plan can be terminated by Renco in certain limited situations. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the Plan document.

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's 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. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Administrative and Investment Management Expenses: The Plan's trustee, custodian, investment management 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 and in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition: The Plan's investments are reported 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 an accrual basis. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

(Continued)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

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 minimizing the use of unobservable inputs when measuring fair value. 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:

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. There has been no change in the methodologies used at December 31, 2020 and 2019.

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 Account: The fair values of participation units held in the pooled separate account are based on its net asset value, as reported by the manager of the pooled separate account and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date. The pooled separate account provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the fund's net asset value per unit.

Mutual Funds and Money Market Fund: The fair values of mutual fund investments and money market funds are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective Trusts: The fair values of participant units held in collective trusts are based on the net asset values per unit as a practical expedient as reported by the fund managers. The collective trusts provide for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

(Continued)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Hedge Funds: The hedge funds are measured at fair value using the net asset value per share (or its equivalent) practical expedient provided by the funds and their administrators.

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. With the exception of one fund which provided for quarterly distributions, these investments are exempt from redemption until the fund is liquidated. The Master Trust's interest in these locked funds was $801,853 and $1,068,185 as of December 31, 2020 and 2019.

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 an annual basis, with a 65 day redemption notification requirement.

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. With the exception of one fund which provided for quarterly distributions, these investments are exempt from redemption until the fund is liquidated. The Master Trust's interest in these locked funds was $3,587,735 and $4,397,461 as of December 31, 2020 and 2019.

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, preferred and hybrid securities, high yield bonds, corporate loans, and convertible bond arbitrage. The fund in this category is exempt from redemption until the fund is liquidated. The Master Trust's interest in this locked fund was $160,413 and $175,920 as of December 31, 2020 and 2019.

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. The fund in this category is exempt from redemption until the fund is liquidated. The Master Trust's interest in this locked fund was $307,896 and $433,606 as of December 31, 2020 and 2019.

Multi-strategy: This fund invests 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. The fund in this category is exempt from redemption until the fund is liquidated. The Master Trust's interest in this locked fund was $424,634 and $555,806 as of December 31, 2020 and 2019.

(Continued)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Investments, other than the Plan's interest in the Master Trust, measured at fair value on a recurring basis are summarized below:

		Fair Value Measurements at December 31, 2020			
		Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments (other than Plan's interest in Master Trust):					
Money market fund		$ 11,489,524	$ 11,489,524	$ -	$ -
Pooled separate account – money market	(1)	3,394,554	-	-	-
Total		$ 14,884,078	$ 11,489,524	$ -	$ -

		Fair Value Measurements at December 31, 2019			
		Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments (other than Plan's interest in Master Trust):					
Money market fund		$ 6,001	$ 6,001	$ -	$ -
Pooled separate account – money market	(1)	1,783,317	-	-	-
Total		$ 1,789,318	$ 6,001	$ -	$ -

(1) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for 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 employees who have died. Benefits under the Plan are based on years of credited service. Accumulated plan benefits for participants are based on their service earned ending on the date as of which the benefit information is presented. Benefits payable under all circumstances, retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

(Continued)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

The actuarial present value of accumulated plan benefits, which was calculated by consulting actuary Principal Financial Group, is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) and the time value of money (through discounts for interest) between the valuation date and the expected date of payment.

The more significant assumptions underlying the actuarial computations are as follows:

Assumed rate of return on investments	7.5% - compounded annually
Mortality basis	Pri-2012 Mortality Table projected using Principal 2016-10 improvement scale
Retirement – former WCI employees	At normal retirement age (65)
Retirement – former Pyro Mining and Baron employees	Age 55

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

The Pension Protection Act of 2006 (“PPA”) requires annual certifications by plan actuaries of a plan’s adjusted funding target attainment percentage (“AFTAP”). The AFTAP, which is a formula for measuring a plan’s compliance with statutory funding levels, determines the restrictions, if any, that are to be placed on a plan’s operations, pursuant to Section 436 of the Internal Revenue Code (“IRC”). As of January 1, 2020 and 2019, the Plan's AFTAP was 95.39% and 91.21%, respectively.

Use of Estimates in the Preparation of Financial Statements: 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 and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period.

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.

Risks and Uncertainties: The Plan invests in a variety of investments either directly or through the Master Trust. The underlying investments are exposed to various risks, such as interest rates, market, liquidity, credit risks, as well as risks related to the ongoing global Coronavirus pandemic. 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 are made, 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.

(Continued)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

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 hedges. 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: Benefit payments to participants are recorded upon distribution.

NOTE 3 - INVESTMENTS - UNAUDITED INFORMATION

Principal Life Insurance Company ("Principal") and Wells Fargo, hold investment assets and execute transactions therein and, with the exception of $98,495,925 and $75,552,882 as of December 31, 2020 and 2019, respectively, in the Plan's interest in the hedge funds held in the Master Trust and $14,308,743 and $10,340,623 of related income during 2020 and 2019, respectively, information pertaining to the Plan's investments and interest in the Master Trust included in the financial statements, including the associated investment income (loss), has been certified as complete and accurate by them. This certified information has not been audited by independent accountants.

NOTE 4 - MASTER TRUST (UNAUDITED)

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 in the Master Trust has an undivided interest in the assets of the Master Trust. The Plan had approximately 65% and 49% interest in the net assets of the Master Trust as of December 31, 2020 and 2019, respectively. 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.

(Continued)

NOTE 4 - MASTER TRUST (UNAUDITED) (Continued)

The following table presents the net assets of the Master Trust, as of December 31, 2020:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value:		
Money market fund	$ 508,055	$ 329,352
Collective trust equity funds	241,815,322	156,759,337
Hedge funds	151,938,790	98,495,925
	394,262,167	271,157,602
Other assets/liabilities:		
Cash committed to brokers	199,054	129,039
Due from brokers	24,022,729	15,572,988
Accrued income	34,906	22,628
Net assets	$ 418,518,856	$ 271,309,269

The following table presents the net assets of the Master Trust, as of December 31, 2019:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value:		
Money market fund	$ 685,517	$ 337,993
Mutual equity funds	24,729,706	12,192,936
Collective trust equity funds	212,533,420	104,789,201
Hedge funds	153,236,328	75,552,882
	391,184,971	192,873,012
Other assets/liabilities:		
Cash committed to brokers	194,709	96,001
Cash due from brokers	17,910,512	8,830,744
Accrued income	1,199	591
Net assets	$ 409,291,391	$ 201,800,348

(Continued)

NOTE 4 - MASTER TRUST (UNAUDITED) (Continued)

The following are the changes in the net assets of the Master Trust for the years ended December 31, 2020 and 2019:

	2020	2019
Investment income		
Interest and dividend income	$ 237,243	$ 752,079
Net appreciation in fair value of investments	40,706,997	70,980,101
Total investment income	40,944,240	71,732,180
Net transfers	(31,356,000)	(22,338,224)
Administrative expenses	(360,775)	(257,266
Total increase in net assets	9,227,465	49,136,690
Net assets:		
Beginning of year	409,291,391	360,154,701
End of year	$ 418,518,856	$ 409,291,391

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

		Fair Value Measurements at December 31, 2020			
		Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:					
Money market fund		$ 508,055	$ 508,055	$ -	$ -
Collective trust equity funds	(1)	241,815,322	-	-	-
Hedge funds	(1)	151,938,790	-	-	-
Total		$ 394,262,167	$ 508,055	$ -	$ -

		Fair Value Measurements at December 31, 2019			
		Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:					
Money market fund		$ 685,517	$ 685,517	$ -	$ -
Mutual equity funds		24,729,706	24,729,706	-	-
Collective trust equity funds	(1)	212,533,420	-	-	-
Hedge funds	(1)	153,236,328	-	-	-
Total		$ 391,184,971	$ 25,415,223	$ -	$ -

(Continued)

NOTE 4 - MASTER TRUST (UNAUDITED) (Continued)

(1) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the net assets of the Master Trust.

NOTE 5 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated September 22, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2017.

NOTE 6 - 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, 2020 and 2019, were in funds managed by Wells Fargo Advantage Funds, a division of Wells Fargo & Co., and Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. is also a division of Wells Fargo & Co. and is the trustee of the Plan. Therefore, Plan assets invested in funds managed by Wells Fargo Advantage Funds and Wells Fargo Bank, N.A., as of December 31, 2020 and 2019, were party-in-interest investments.

Certain Plan investments at December 31, 2020 and 2019, were in funds managed by Principal Life Insurance Company which is a member of the Principal Financial Group. Principal Financial Group is a third party administrator and actuary for the Plan; therefore, these investments constitute party-in-interest investments.

NOTE 7 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 12, 2021, which is the date the financial statements were available to be issued.

(Continued)

NOTE 8 - DECEMBER 31, 2020 ACTUARIAL VALUATION (UNAUDITED)

The December 31, 2020 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, 2020 is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 196,094,977
Other participants	28,338,322
Total actuarial present value of accumulated plan benefits	$ 224,433,299

The change in actuarial present value of accumulated plan benefits for the year ended December 31, 2020 consists of the following:

Actuarial present value of accumulated plan benefits at beginning of year	$ 162,206,630
Plan experience	(1,850,255)
Interest due to decrease in the discount period	11,534,919
Benefits paid	(17,124,984)
Total actuarial present value of accumulated plan benefits before merger	154,766,310
Merger in from the USW Plan	59,594,772
Merged in from the Wheeling Plan	10,072,217
Total Merged in from other plans	69,666,989
Actuarial present value of accumulated plan benefits at end of the year after merger	$ 224,433,299

The more significant assumptions underlying the actuarial computations are as follows:

Assumed rate of return on investments	7.5% - compounded annually
Mortality basis	Pri-2012 Mortality Table projecting using Principal 2016-10 improvement scale
Retirement – former WCI employees	At normal retirement age (65)
Retirement – former Pyro Mining and Baron employees	Age 55

SUPPLEMENTAL SCHEDULES

WCI STEEL/PYRO/BARON RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020

Plan Sponsor: The Renco Group, Inc.
Employer Identification Number: 13-3370264
Plan Number: 003

(a)	(b) Identity of Issuer Borrower or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Money Market Fund			
*	Wells Fargo Bank N.A.	Wells Fargo Government Money Market Fund	$ 11,489,521	$ 11,489,524
	Pooled Separate Account			
*	Principal Life Insurance	Liquid Assets Separate Account-R6	3,394,859	3,394,554
				$ 14,884,078

* Indicates party-in-interest

See Independent Auditor's Report.

WCI STEEL/PYRO/BARON RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2020

Name of plan sponsor: The Renco Group, Inc.
Employer identification number: 13-3370264
Three-digit plan number: 003

(a) Identity of Issue or Borrower	(b) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:								
*Principal Life Insurance	Liquid Assets Separate Account-R6	$ 19,170,977	$ -	$ -	$ -	$ 19,170,977	$ 19,170,977	$ -
		-	17,561,255	-	-	17,557,900	17,561,255	3,355
*Wells Fargo Bank, N.A.	Wells Fargo Government Money Market Fund	$ 14,531,103	$ -	$ -	$ -	$ 14,531,103	$ 14,531,103	$ -
		-	3,047,576	-	-	3,047,576	3,047,576	-

* Denotes party-in-interest transaction.

See Independent Auditor's Report.

Assumptions prescribed by law

Mortality	During benefit payment period IRS Prescribed Mortality - Static Annuitant, male and female. Before benefit payment period IRS Prescribed Mortality - Static Non-annuitant, male and female.

Assumptions selected by actuary

Inflation	2.25% increase per year. See Long-Term Capital Market Assumptions link.
Asset return	7.50% for the current plan year. The asset return was chosen by the client.
Expected expense	The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.
Retirement	Active and inactive participants are assumed to retire at normal retirement age as defined in Plan provisions. This assumption is based on the results of recent experience analysis and anticipated future experience.
Disability	None. This plan does not offer a subsidized disability benefit therefore the disability assumption is built into the withdrawal assumption.
Marriage	75% married; husbands are 3 years older than wives. This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.
Withdrawal	None. Due to the size of the plan and limited experience, we're not recognizing a withdrawal assumption prior to retirement.
Form of benefit and basis	WCI: 75% of participants are assumed to receive their benefits as a Life Annuity and 25% of participants are assumed to receive their benefits as a 50% Joint & Survivor Annuity at the assumed retirement age. This assumption is based on the results of recent experience analysis and anticipated future experience. PYRO/Baron: 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 used in the Annual Cost calculation.

Methods prescribed by law

Liability measure	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.
Lump sum payments	Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.
HCE benefit payment restrictions	A ratio of the plan assets and accrued liability is used to determine if restrictions apply. Assets and accrued liability are as of the valuation date and are reduced by: any retiree benefit index or floor amounts for HCEs who were previously restricted an amount for the retiring HCE The estimated HCE ratio illustrated in this report is based on the market value of plan assets (excluding late deposits) and funding target as of the valuation date. The funding target uses the non-stabilized interest rates as defined in IRC §430(h)(2)(C)(iv). Other assumptions or methods could be used.

Methods selected by plan sponsor

Asset method	The asset valuation method is prescribed by law for plans that elect to use a value other than market value. 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. 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. 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.
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 Variable Rate Premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the 24-month average rates used for annual cost but without the interest rate corridor defined in IRC §430(h)(2)(C)(iv). You elected this Alternative interest method for the 01/01/2009 plan year and this method must be used for five years before a change can be made.

Methods elected by actuary

Retirees Assets and liabilities for current and future retirees are included.

Vested benefits A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.

The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

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.

Mortality Based on Pri-2012 Total dataset base rate mortality table projected generationally using the Principal Mortality Improvement Scale (Principal 2016-10).

<u>Base rates</u>
Before benefit payment period
Employee amount-weighted, male and female

During benefit payment period
Retiree amount-weighted, male and female

The Society of Actuaries is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan and has been selected due to data limitations in identifying contingent survivors. In addition, we believe beneficiary mortality isn't materially different

	while both participants are alive. Mortality improvement (MI) Principal 2016-10 MI scale: this scale is based on MP-2020 study and model issued by SOA with the exception of the following user-selected assumptions: • 10-year convergence period on age and cohort • Long-term rates (LTR) assumptions using sex-distinct and age-based rates developed from Social Security Trustees Reports. See Mortality Documentation for rationale and additional information.
Interest rate used to value liabilities	7.50%
Treatment of administrative expenses	No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses. Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer. Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.
Basis for lump sums	Interest rate Based on the three segment yield curve: 3.05%/3.45%/4.35% The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 3.05%/3.45%/4.35%. For details, see Corporate AA yield in Figure 4 of Long-Term Capital Market Assumptions link. Mortality We have selected the same mortality assumption for lump sum payments, but with a 50/50 blend of male and female total dataset base rates and mortality improvement scales. This reflects the IRS practice of defining lump sum mortality on a unisex basis.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WCI STEEL/PYRO/BARON RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/01/1995

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

The Renco Group, Inc.

One Rockefeller Plaza - 29th Floor

New York NY 10020

2b Employer Identification Number (EIN)
13-3370264

2c Plan Sponsor's telephone number
212-541-6000

2d Business code (see instructions)
551112

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

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

SIGN HERE	JM - VP-THE RENCO GROUP, INC.	10/12/21	JOHN GRIMALDI - VP THE RENCO GROUP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	JM - VP-THE RENCO GROUP, INC.	10/12/21	JOHN GRIMALDI - VP THE RENCO GROUP
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	2,074
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	1,750
c Other retired or separated participants entitled to future benefits	**6c**	499
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2,249
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	2,249
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 who 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 Characteristics Codes in the instructions:
1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

WCI STEEL/PYRO/BARON RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2020

Name of plan sponsor: The Renco Group, Inc.
Employer identification number: 13-3370264
Three-digit plan number: 003

(a) Identity of Issue or Borrower	(b) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:								
*Principal Life Insurance	Liquid Assets Separate Account-R6	$ 19,170,977	$ -	$ -	$ -	$ 19,170,977	$ 19,170,977	$ -
		-	17,561,255	-	-	17,557,900	17,561,255	3,355
*Wells Fargo Bank, N.A.	Wells Fargo Government Money Market Fund	$ 14,531,103	$ -	$ -	$ -	$ 14,531,103	$ 14,531,103	$ -
		-	3,047,576	-	-	3,047,576	3,047,576	-

* Denotes party-in-interest transaction.

See Independent Auditor's Report

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

A Name of plan
WCI STEEL/PYRO/BARON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE RENCO GROUP, INC.

D Employer Identification Number (EIN)
13-3370264

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	206160219
b Actuarial value	**2b**	194013804

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1439	167016526	167016526
b For terminated vested participants	635	26060433	26060433
c For active participants	0	0	0
d Total	2074	193076959	193076959

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.59 %
6 Target normal cost	**6**	1500000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/29/2021
Date

David A. Stocklas
Type or print name of actuary

2005460
Most recent enrollment number

Principal Financial Group
Firm name

412-394-9380
Telephone number (including area code)

PO Box 9394
Des Moines, IA 50306-9394
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 20.22 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4341422
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.36 %		232700
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4574122
	d Portion of (c) to be added to prefunding balance		4574122
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4574122

Part III Funding Percentages

14	Funding target attainment percentage	14	98.11 %
15	Adjusted funding target attainment percentage	15	95.39 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2020	2937900	0			
			Totals ► 18(b)	2937900	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2782780

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	1500000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3637277	415294
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1915294

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1915294
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2782780

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	867486
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, Line 2a - Explanation of Assets
WCI STEEL/PYRO/BARON RETIREMENT PLAN
EIN 13-3370264 Plan No. 003

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 $5,245,990 contributions received after the plan year end with a discounted value of $5,032,076. In addition, the amounts are off due to the Defined Contribution Plan (DCP) balances that we take out of the assets plus most of the money is with Wells Fargo.

Schedule SB, Lines 7-11 Beginning of Year Carryover and Prefunding Balances
WCI STEEL/PYRO/BARON RETIREMENT PLAN
EIN 13-3370264 Plan No. 003

An ARPA election was made for the 2019 plan year which changed the results already reported on the 2019 Schedule SB. This Schedule SB Lines 7-11 reflects those revised 2019 results, as directed by guidance in Notice 2021-48.

Schedule SB, Line 15 – Reconciliation of differences between valuation results and amounts used to calculate AFTAP
WCI STEEL/PYRO/BARON RETIREMENT PLAN
EIN 13-3370264 Plan No. 003

AFTAP Certification Date	AFTAP	Funding Target	Actuarial Value of Assets	Carryover Balance	Prefunding Balance	Description of Change
						Original AFTAP
09/28/2020	95.39%	199,182,671	190,017,595	0	0	AFTAP calculation does not include the final contribution for the 2019 plan year in the assets and the liabilities do not reflect ARPA

Schedule SB, Line 19 - Discounted Employer Contributions
WCI STEEL/PYRO/BARON RETIREMENT PLAN
EIN 13-3370264 Plan No. 003

The attached schedule shows the date and amount of individual employer contributions, interest adjusted contribution, year to which the contributions are applied, applicable effective interest rate and the period to which the rate applies. If not otherwise noted, the valuation year effective interest rate is the only rate that applies from the valuation date to the contribution date.

Contributions allocated toward minimum required contributions (Line 19c)

Date	Applied To	Full Amount of Contribution by Employer	Interest Adjusted Amount of Contribution	Plan Year applied	Days 5% interest applies for late required installment	Effective interest rate 2021	Days 2021 rate applied	Effective interest rate 2020	Days 2020 rate applied
12/31/2020	Q1	$447,920	$424,270	2020	0				
12/31/2020	Q2	$441,903	$418,571	2020	0				
12/31/2020	Q3	$435,902	$412,886	2020	0				
12/31/2020	Q4	$429,983	$407,280	2020	0				
12/31/2020	Annual Cost	$266,350	$252,287	2020	0				
12/31/2020	Remaining Contributions	$915,842	$867,486	2020	0				

Total Contributions:

	Full Amount of Contributions by Employer (line 18b)	Interest Adjusted Amount of Contributions (line 19c)
TOTAL	$2,937,900	$2,782,780

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
WCI STEEL/PYRO/BARON RETIREMENT PLAN
EIN 13-3370264 Plan No. 003

The plan has no active participants, therefore line 22 is blank.

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 plan effective 12/31/2019.

Plan eligibility

WCI

Age and service	Attained Age 21 and completed one year of service
Class	Covered under one of the following collective bargaining agreements: United Steelworkers of America Local No. 1375 and No. 6824 Bricklayers and Allied Craftsmen International Union A.F.L-C.I.O Local 43 The International Union, United Plant Guard Workers of America and its Amalgamated Local 64 Plan participation is frozen effective May 1, 2006.

PYRO

Service	1,000 hours of service.
Class	Non-bargaining class.

Baron

Service	1,000 hours of service.
Class	Salaried employees.

Normal retirement benefit

WCI

Age and service	The later of a participant's 65th birthday or the first day of the plan year in which a participant attains five years of continuous service.
Form	Monthly annuity payable for life (optional forms may be elected prior to retirement).
Amount (accrued benefit)	Greater of a) or b) reduced by c) and d): a) Effective 9/1/2002, $56.25 multiplied by years of continuous service (maximum of 30) plus $75.00 multiplied by years of continuous service in excess of 30.

b) Minimum benefit for participants with more than 30 years of continuous service:

Attained age	Monthly benefit
Less than 55	$1,050
55 through 60	$1,250
61 through 62	$1,350
63	$1,450
64	$1,550
65 or older	$1,660

c) LTV Steel Defined Benefit Plan accrued benefit payable at age 65 as a straight life benefit

d) For retirements other than deferred vested: Annuity equivalent of the WSCI Steel DCP account balance (maximum of $10,000) converted to a 5 year certain and life annuity using 8.5% interest and 1983 Group Annuity Mortality, blended 50% for male and 50% for female.

For vested deferred retirements, the account balance (maximum of $10,000) is converted to a straight life benefit using the assumptions above.

PYRO

Age and service

Attained age 62 and five years of plan participation but not later than age 70.

Form

Monthly annuity payable for life (optional forms may be elected in advance of retirement).

Amount (accrued benefit)

Sum of a), b), c), and d) below:

a) An amount equal to $17.08875 for each year of accrued service, but not more than 10 years.

b) An amount equal to $17.64 for each year of accrual service in excess of 10 years, but not more than 20 years.

c) An amount equal to $18.19125 for each year of accrual service in excess of 20 years, but not more than 30 years.

d) An amount equal to $18.7425 for each year of accrual service in excess of 30 years, but not more than 40 years.

Benefits are frozen effective August 19, 2003.

Baron

Age and service	Attained age 65.
Form	Monthly annuity payable for life with 10 years certain (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	Sum of a) multiplied by b) plus c) below. a) 27.5% of average compensation not excess of integration level plus 37.5% of average compensation in excess of integration level b) Number of expected month of service (maximum 180) divided by 180. c) .5% of average compensation multiplied by years of accrual service in excess of 15. Accrued Benefits were frozen effective September 30, 2003.
Minimum accrued benefit	$10 multiplied by years of accrual service. Accrued benefit as of 12/31/1999.

Early retirement benefit

WCI

62/15 retirement	If attained age 62 with 15 years of continuous service, accrued benefit payable without reduction for early retirement.
60/15 retirement	If attained age 60 with 15 years of continuous service, accrued benefit multiplied by 83.82% for age 60 or 91.45% for age 61.
30 year retirement	If active and 30 years of continuous service, accrued benefit payable without reduction for early retirement. Additional supplement is also payable until the later of age 62 or one year:

Age at retirement	**Monthly supplement**
60 and under	$150
61	$200
62	$250
63	$300
64	$350
65 and older	$400

70/80 retirement	If terminated due to layoff, shutdown, or disability with 15 years of continuous service and whose age plus continuous service equals at least 80, the accrued benefit is payable without reduction. An addition $400 per month is payable until age 62 provided the participant is not entitled to Social Security benefits and/or part b) of the accrued benefit formula is the greater.
Rule of 65 retirement	If terminated due to layoff or disability with 20 years of continuous service and whose age plus continuous service equals at least 65, the accrued benefit is payable without reduction. An addition $400 per month is payable until age 62 provided the participant is not entitled to Social Security benefits and/or part b) of the accrued benefit formula is the greater.

PYRO and Barron

Age	Attained age 55.
Service	Five years of service with the employer.
Form	Same as normal retirement benefit.
Amount	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). Baron Accrued benefit on early retirement date reduced 6% for each year the early retirement date precedes normal retirement date.

Late retirement benefit

PYRO and Barron

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	PYRO Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date. Baron Accrued benefit on late retirement date.

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.

WCI

If a participant has attained age 40 with 15 years of continuous service, the accrued benefit is unreduced at age 62. Such participants can elect to receive a reduced benefit at age 60.

Age at retirement	Not age 40 with 15 years of continuous service at termination	Age 40 with 15 years of continuous service
60	63.10%	83.82%
61	68.85%	94.45%
62	75.28%	100.00%
63	82.53%	100.00%
64	90.72%	100.00%

Disability benefit

WCI

Eligibility	15 years of continuous service and totally and permanently disabled
Form	Monthly income payable until age 62.
Amount	Accrued benefit without reduction payable until age 62. If the participant is not entitled to Social Security Disability Benefit, an additional $400 per month is paid unless part b) of the accrued benefit formula applies.

PYRO

Eligibility	If disability occurs on the job or while off the job on and after the earlier of: a) attained age 62 or b) both attained age 55 and completed five years of vesting service
Form	Monthly income payable until normal retirement, death, or recovery and a deferred annuity payable at the normal retirement date.
Amount	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.

Barron

Eligibility	Five years of vesting service.
Form	Monthly income deferred to normal retirement date.
Amount	Accrued benefit using average compensation as of date of disability and expected accrual service at normal retirement date.

Survivor annuity death benefit

Eligibility Participant fully vested in an accrued benefit.

Form Monthly annuity payable to beneficiary (spouse if continuously married for one year) deferred to participant's earliest retirement date if later than the date of death.

Amount If death occurs, the amount paid to the beneficiary is equal to the amount that would have been paid had the participant terminated employment on the date of death, survived to his/her earliest retirement age, retired with a qualified 50% joint and survivor annuity in effect, then died the next day.

WCI
Payments begin at the later of date of death or when the participant would have attained age 60.

Single sum death benefit

PYRO and Barron

Eligibility 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.

Baron
Death of a participant who is receiving normal or early retirement benefits.

Form Lump sum.

Amount PYRO
$2,500

Baron
$5,000

Definitions

Integration level 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

WCI

The optional forms of benefit payments with actuarial equivalent basis in brackets:

- Monthly annuity payable for life.
- Automatic 50% spouse option without pop-up [87% + .4% multiplied by (beneficiary's age –participants age, up to 20)]
- Automatic 50% spouse option with pop-up [88% + .4% multiplied by (beneficiary's age –participants age, up to 20)]
- 75% spouse option [5% interest and UP-94 mortality table blended 50% for male and 50% for female, projected to 2002 using scale AA.]
- 50% beneficiary option [87% + .4% multiplied by (beneficiary's age – participants age, up to 20)]
- 100% beneficiary option [81% + .6% multiplied by (beneficiary's age – participants age, up to 20)]

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.

Changes in Principal Eligibility or Benefit Provisions

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

Significant Event

The following significant event occurred during the plan year:

Effective December 31, 2020, The Renco Group, Inc. - USW Defined Benefit Plan (5-29620) (EIN: 13-3370264, Plan No. 103) and The Renco Group, Inc. Wheeling Salaried Employees Pension Plan (5-29622) (EIN: 13-3370264, Plan No. 112) merged into the WCI Steel/Pyro/Baron Retirement Plan (8-04735) (EIN: 13-3370264, Plan No. 003).

WCI STEEL/PYRO/BARON RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020

Plan Sponsor: The Renco Group, Inc.
Employer Identification Number: 13-3370264
Plan Number: 003

(a)	(b) Identity of Issuer Borrower or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Money Market Fund			
*	Wells Fargo Bank N.A.	Wells Fargo Government Money Market Fund	$11,489,521	$ 11,489,524
	Pooled Separate Account			
*	Principal Life Insurance	Liquid Assets Separate Account-R6	3,394,859	3,394,554
				$ 14,884,078

* Indicates party-in-interest

See Independent Auditor's Report

Shortfall

Date created	Present value	Remaining years	Annual charge
01/01/2020	$(13,293,858)	15	$(1,248,116)
01/01/2019	16,931,135	14	1,663,410
Total	**$3,637,277**		**$415,294**

Last year's total shortfall annual charge was $1,663,410.

The total annual charge used in calculating your annual cost can't be less than zero.

Waiver charges represent your repayment to the plan for an annual charge that was not funded. A waiver only exists once the Internal Revenue Service has granted approval. See Waivers in Rules and regulations.

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.