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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                          | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022             |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                    | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                        | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                    | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                           |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                   | <b>Basic Plan Information</b> —enter all requested information                                                                                                                            |
| <b>1a</b> Name of plan<br>PRECISION STRIP RETIREMENT AND SAVINGS PLAN                                                                                                                                                                                                                                                                                            | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> Effective date of plan<br>01/01/1979                                                                                                                                            |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>PRECISION STRIP INC.<br><br>PO BOX 104 MINSTER, OH 45865 86 SOUTH OHIO STREET MINSTER, OH 45865 | <b>2b</b> Employer Identification Number (EIN)<br>34-1207681<br><br><b>2c</b> Plan Sponsor's telephone number<br>419-628-2343<br><br><b>2d</b> Business code (see instructions)<br>332900 |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/22/2023 | VANDY LUPTON                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>RELIANCE STEEL & ALUMINUM CO.<br><br>16100 N 71ST ST<br>SUITE 400<br>SCOTTSDALE, AZ 85254                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br>95-1142616<br><br><b>3c</b> Administrator's telephone number<br>480-564-5700                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name RELIANCE STEEL & ALUMINUM CO.<br><b>c</b> Plan Name PRECISION STRIP RETIREMENT AND SAVINGS PLAN                                                           | <b>4b</b> EIN 34-1207681<br><br><b>4d</b> PN 001                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    | <b>5</b> 1496                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    | <b>6a(1)</b> 1334                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          | <b>6a(2)</b> 1414                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        | <b>6b</b> 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          | <b>6c</b> 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                | <b>6d</b> 1563                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 | <b>6e</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    | <b>6f</b> 1563                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             | <b>6g</b> 1554                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  | <b>6h</b> 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2R 2S 2T 3D 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>PRECISION STRIP RETIREMENT AND SAVINGS PLAN                              | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PRECISION STRIP INC.             | D Employer Identification Number (EIN)<br>34-1207681 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         |
| 04-2647786                                                                                                 |

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 70932                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2                                                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                         | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| BLKRK HI YLD BD INST - BNY MELLON      301 BELLEVUE PARKWAY<br>WILMINGTON, DE 19809                                        | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                         | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| EV INC FUND BOSTON I - BNY MELLON      301 BELLEVUE PARKWAY<br>WILMINGTON, DE 19809                                        | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                         | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| VICTORY S SM CO OP I - FIS INVESTO      FAITH INVESTOR SERVICES, LLC<br>14785 PRESTON ROAD, SUITE 1000<br>DALLAS, TX 75254 | 0.10%                                                                                                                                                              |                                           |

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

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (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. |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BARON EMERGING MARKETS FUND INSTL 767 5TH AVE 49TH FL<br>NEW YORK, NY 10153 | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (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. |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BLACKROCK MID CAP VALUE FUND CL A 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TOUCHSTONE MID CAP VALUE FUND CL Y 303 BROADWAY STE 1100<br>CINCINNATI, OH 45202-4203 | 0.10%                                                                                                                                                              |

**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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
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|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>PRECISION STRIP RETIREMENT AND SAVINGS PLAN</b>                              | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>PRECISION STRIP INC.</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>34-1207681</b> |            |

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

|                                                                             |                               |                                                                                                                     |
|-----------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FID FRDM BLND 2055 S</b>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>FIAM TRUST COMPANY</b> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>20-4659714-113</b>                                       | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8896311</b>  |
|                                                                             |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FID FRDM BLND 2035 S</b>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>FIAM TRUST COMPANY</b> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>20-4659714-092</b>                                       | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>17324877</b> |
|                                                                             |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FID FRDM BLND 2045 S</b>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>FIAM TRUST COMPANY</b> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>20-4659714-094</b>                                       | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>14557818</b> |
|                                                                             |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FID FRDM BLND 2020 S</b>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>FIAM TRUST COMPANY</b> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>20-4659714-089</b>                                       | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2225448</b>  |
|                                                                             |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FID FRDM BLEND INC S</b>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>FIAM TRUST COMPANY</b> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>20-4659714-085</b>                                       | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>935168</b>   |
|                                                                             |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FID FRDM BLND 2065 S</b>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>FIAM TRUST COMPANY</b> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>20-4659714-168</b>                                       | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1458785</b>  |
|                                                                             |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FID FRDM BLND 2010 S</b>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>FIAM TRUST COMPANY</b> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>20-4659714-087</b>                                       | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>86291</b>    |

|                                                                                     |                        |                                                                                                              |
|-------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2040 S                 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-093                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15211292 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2005 S                 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-086                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20130    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2030 S                 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-091                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24599093 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2050 S                 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-095                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10573261 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 2                             |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY |                        |                                                                                                              |
| <b>c</b> EIN-PN 04-3022712-024                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15145754 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2025 S                 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-090                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11281862 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2060 S                 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-147                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4626278  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2015 S                 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-088                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 642408   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                              |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                              |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |

**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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>PRECISION STRIP RETIREMENT AND SAVINGS PLAN</u>                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PRECISION STRIP INC.</u>                                                                                                                                                                             |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>34-1207681</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 1508                  | 2096            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 367752                | 656444          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 0                     | 2266            |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 5215507               | 5244715         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 149492773             | 127584776       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 164180596             | 130819512       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |       | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities .....                                        | 1d(1) | 8621344               | 14455633        |
| (2) Employer real property .....                                     | 1d(2) | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 327879480             | 278765442       |

**Liabilities**

|                                                                           |    |     |       |
|---------------------------------------------------------------------------|----|-----|-------|
| <b>g</b> Benefit claims payable .....                                     | 1g | 541 | 1264  |
| <b>h</b> Operating payables .....                                         | 1h | 0   | 19783 |
| <b>i</b> Acquisition indebtedness .....                                   | 1i | 0   | 0     |
| <b>j</b> Other liabilities .....                                          | 1j | 0   | 0     |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 541 | 21047 |

**Net Assets**

|                                                           |    |           |           |
|-----------------------------------------------------------|----|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 327878939 | 278744395 |
|-----------------------------------------------------------|----|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |          | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|----------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | 2a(1)(A) | 9161886    |           |
| <b>(B)</b> Participants .....                                                                              | 2a(1)(B) | 8345460    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | 2a(1)(C) | 384007     |           |
| (2) Noncash contributions .....                                                                            | 2a(2)    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | 2a(3)    |            | 17891353  |

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

|                                                                                                      |          |        |        |
|------------------------------------------------------------------------------------------------------|----------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) | 111584 |        |
| <b>(B)</b> U.S. Government securities .....                                                          | 2b(1)(B) | 0      |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | 2b(1)(C) | 0      |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | 2b(1)(D) | 0      |        |
| <b>(E)</b> Participant loans .....                                                                   | 2b(1)(E) | 248426 |        |
| <b>(F)</b> Other .....                                                                               | 2b(1)(F) | 0      |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | 2b(1)(G) |        | 360010 |

|                                                                                           |          |         |         |
|-------------------------------------------------------------------------------------------|----------|---------|---------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | 2b(2)(A) | 0       |         |
| <b>(B)</b> Common stock .....                                                             | 2b(2)(B) | 213673  |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | 2b(2)(C) | 7786063 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | 2b(2)(D) |         | 7999736 |

|                 |       |  |   |
|-----------------|-------|--|---|
| (3) Rents ..... | 2b(3) |  | 0 |
|-----------------|-------|--|---|

|                                                                                           |          |         |       |
|-------------------------------------------------------------------------------------------|----------|---------|-------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | 2b(4)(A) | 1486655 |       |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | 2b(4)(B) | 1409411 |       |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | 2b(4)(C) |         | 77244 |

|                                                                                                    |          |         |         |
|----------------------------------------------------------------------------------------------------|----------|---------|---------|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | 2b(5)(A) | 0       |         |
| <b>(B)</b> Other .....                                                                             | 2b(5)(B) | 2338365 |         |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | 2b(5)(C) |         | 2338365 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -25217153 |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -38531075 |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -35081520 |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 13932866   |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  | 0          |           |
| (3) Other .....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 13932866  |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 27929     |
| h Interest expense .....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 0          |           |
| (4) Other .....                                                                                 | 2i(4)  | 92229      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 92229     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 14053024  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -49134544 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            | 0         |
| (2) From this plan .....                                                                        | 2l(2)  |            | 0         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: VASQUEZ & CO, LLP

(2) EIN: 33-0700332

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:

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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 212088 |

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

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under 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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>PRECISION STRIP RETIREMENT AND SAVINGS PLAN                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PRECISION STRIP INC.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>34-1207681                                            |
| 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                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-6568107                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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                                                                                               |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

## **Precision Strip Retirement and Savings Plan**

Financial Statements and  
Supplemental Schedules

As of December 31, 2022 and 2021, and  
for the Year Ended December 31, 2022

## **PRECISION STRIP RETIREMENT AND SAVINGS PLAN**

### **INDEX TO FINANCIAL STATEMENTS**

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\* All other schedules required by 29 CFR §2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, are not included because they are not applicable.



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## **Independent Auditor's Report**

Plan Administrator  
Precision Strip Retirement and Savings Plan

### **Opinion**

We have audited the financial statements of Precision Strip Retirement and Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

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



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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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



### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 and Schedule of Assets (Held at End of Year) as of December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

**Glendale, California**  
**June 16, 2023**

**PRECISION STRIP RETIREMENT AND SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                            | December 31,<br>2022  | December 31,<br>2021  |
|--------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                              |                       |                       |
| Investments at fair value:                 |                       |                       |
| Cash and cash equivalents                  | \$ 7,889,507          | \$ 5,811,281          |
| Mutual funds                               | 123,265,291           | 158,383,183           |
| Commingled funds                           | 112,439,022           | 133,368,949           |
| Common collective trust                    | 16,242,182            | 15,981,595            |
| Reliance Steel & Aluminum Co. common stock | 14,455,633            | 8,621,344             |
| Self-directed brokerage accounts           | 323,424               | 353,884               |
| Total investments at fair value            | <u>274,615,059</u>    | <u>322,520,236</u>    |
| Receivables:                               |                       |                       |
| Notes receivable from participants         | 5,244,715             | 5,215,507             |
| Other receivables and due from trustee     | 2,096                 | 1,508                 |
| Total receivables                          | <u>5,246,811</u>      | <u>5,217,015</u>      |
| Total assets                               | <u>279,861,870</u>    | <u>327,737,251</u>    |
| <b>Liabilities</b>                         |                       |                       |
| Due to trustee, net                        | 19,783                | —                     |
| Benefit claims payable                     | 1,264                 | 541                   |
| Total liabilities                          | <u>21,047</u>         | <u>541</u>            |
| <b>Net assets available for benefits</b>   | <u>\$ 279,840,823</u> | <u>\$ 327,736,710</u> |

See accompanying notes to financial statements.

# PRECISION STRIP RETIREMENT AND SAVINGS PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

|                                                             | Year Ended<br>December 31, 2022 |
|-------------------------------------------------------------|---------------------------------|
| <b>Additions</b>                                            |                                 |
| Income:                                                     |                                 |
| Interest and dividends                                      | \$ 8,327,131                    |
| Interest on notes receivable from participants              | 248,426                         |
| Total investment income                                     | <u>8,575,557</u>                |
| Contributions:                                              |                                 |
| Employer, net of forfeitures                                | 9,161,886                       |
| Participant                                                 | 8,345,460                       |
| Rollover                                                    | 384,007                         |
| Total contributions, net                                    | <u>17,891,353</u>               |
| Revenue sharing program credits                             | 5,955                           |
| Total additions                                             | <u>26,472,865</u>               |
| <b>Deductions</b>                                           |                                 |
| Net depreciation in fair value of investments               | 60,305,498                      |
| Benefits paid                                               | 13,960,795                      |
| Administrative expenses                                     | 102,459                         |
| Total deductions                                            | <u>74,368,752</u>               |
| <b>Net decrease in net assets available for benefits</b>    | (47,895,887)                    |
| <b>Net assets available for benefits, beginning of year</b> | <u>327,736,710</u>              |
| <b>Net assets available for benefits, end of year</b>       | <u>\$ 279,840,823</u>           |

See accompanying notes to financial statements.

## **PRECISION STRIP RETIREMENT AND SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2022**

#### **1. Description of the Plan**

The following description of the Precision Strip Retirement and Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

##### ***General***

The Plan is a defined contribution plan that provides certain benefits to the eligible employees of Precision Strip Inc. (the “Company”), a wholly owned subsidiary of Reliance Steel & Aluminum Co. (“Reliance”), and Precision Strip Transport, Inc., a wholly owned subsidiary of Precision Strip Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and subsequent amendments. The Plan is administered by the Reliance Steel & Aluminum Co. Benefits Committee (“Plan Administrator”). The trustee of the Plan is Fidelity Management Trust Company (the “Trustee”) and the recordkeeper is Fidelity Investments Institutional Operations Company, Inc.

##### ***Participation***

Eligible employees may participate in the Plan upon completion of three months of service. Eligible employees are automatically enrolled into the Plan with an initial deferral contribution of 4% of eligible compensation, unless the employee elects a different deferral contribution percentage or declines to participate. The initial deferral contribution percentage automatically increases annually by 2% (up to a maximum of 10%), unless elected otherwise by the participant.

##### ***Contributions***

Participants may contribute up to 50% of eligible compensation into the Plan on a pre-tax basis and/or make Roth 401(k) contributions on an after-tax basis, subject to federal limits. Additionally, participants attaining the age of 50 by the end of a Plan year can make additional “catch-up” contributions. The Company makes employer profit sharing contributions, which are discretionary. Participants become eligible to receive discretionary profit sharing contributions after the completion of 1,000 hours and one year of service.

Participants may contribute eligible rollovers from other qualified defined benefit plans, defined contribution plans and individual retirement accounts.

##### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, employer contributions and allocation of investment earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their account balances into various investment funds offered by the Plan.

## PRECISION STRIP RETIREMENT AND SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2022

#### *Vesting*

Participants are immediately vested in their accounts with respect to participant contributions, eligible rollovers and earnings thereon. Participants vest in Company contributions and earnings thereon based upon the following schedule:

| Years of Service | Vested Percentage |
|------------------|-------------------|
| Less than 2      | 0%                |
| 2                | 20%               |
| 3                | 40%               |
| 4                | 60%               |
| 5                | 80%               |
| 6 or more        | 100%              |

#### *Payment of Benefits*

Upon retirement, disability, death, or termination of service, a participant is eligible to receive a lump-sum amount equal to the value of the vested interest in his or her account. Installment payment options are also available. Other withdrawals from participants' account balances may be made under certain circumstances, as defined in the Plan document.

#### *Forfeitures*

For the year ended December 31, 2022, forfeited employer contributions totaled \$288,668. Forfeitures used to reduce the Company's contributions during 2022 were \$288,793. As of December 31, 2022 and 2021, the Plan held \$3,002 and \$3,216, respectively, of forfeited nonvested account balances that can be used to reduce future Company contributions.

#### *Notes Receivable from Participants*

Participants generally may borrow from their accounts up to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the respective participant's vested account balance and are subject to interest charges. Interest rates applicable to new notes are determined by the Plan Administrator on the first day of each calendar quarter based on prevailing market rates. Loans are repaid ratably through periodic payroll deductions over a term not exceeding five years for general purpose loans and up to ten years for the purchase of a primary residence. As of December 31, 2022, notes receivable from participants had interest rates that ranged from 4.25% to 7.25%, and have maturities through January 2033. Interest earned is recorded on an accrual basis in the Interest on notes receivable from participants caption in the accompanying statement of changes in net assets available for benefits. Unpaid loans determined to be in default under the terms of the notes are deemed to be distributed in accordance with the provisions of the Plan document and included in the Benefits paid caption in the accompanying statement of changes in net assets available for benefits.

#### *Administrative Expenses*

Administrative expenses mainly include Fidelity recordkeeping fees that were deducted quarterly from participant accounts. Loan initiation and maintenance, and overnight delivery fees are also included in administrative expenses and charged by Fidelity directly to the account balance of the applicable participants. As of December 31, 2022, accrued administrative expenses of \$24,190 are reflected in the Due to trustee, net caption in the accompanying statement of net assets available for benefits.

## **PRECISION STRIP RETIREMENT AND SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS (Continued)**

**December 31, 2022**

Audit, legal and other administrative expenses relating to the Plan are not reflected in the accompanying financial statements as they are paid by the Company.

Beginning with the Plan's second quarter ended June 30, 2023, Fidelity recordkeeping fees will be paid by the Company.

#### ***Revenue Sharing Program***

The Plan receives investment funds administrative revenue credits through its participation in Fidelity's revenue sharing program. The revenue sharing program credits for the year ended December 31, 2022 were \$5,955, of which \$4,367 was received by the Plan in 2022, and the balance, \$1,588, is reflected in the Due to trustee, net caption in the accompanying statement of net assets available for benefits and was received by the Plan in 2023.

## **2. Summary of Significant Accounting Policies**

#### ***Basis of Presentation***

The accompanying financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investments are reported at fair value, except for fully-benefit responsive investment contracts which are presented at contract value.

The Plan invests in the Fidelity Managed Income Portfolio Class 2 (the "MIP"), which is a common collective trust. The common collective trust invests in fully benefit-responsive investment contracts issued by insurance companies and other financial institutions, and in fixed income securities (see Investment Valuation and Income Recognition). The investment in the common collective trust is reported at contract value, which is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

#### ***Investment Valuation and Income Recognition***

The Plan has investments in registered investment companies (mutual funds), commingled funds, a common collective trust, a unitized Reliance common stock fund and participant-directed brokerage accounts through Fidelity® BrokerageLink. Mutual funds and common stock are stated at fair value based on the quoted market price of the funds or common stock held. The investments in commingled funds and the common collective trust are stated at net asset value ("NAV") of the shares held by the Plan as a practical expedient to estimate fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

Included in interest income are earnings the Plan receives from overnight investment of amounts awaiting trade settlement or clearing of disbursements. As of December 31, 2022, accrued interest income due from Fidelity of \$2,819 is reflected in the Due to trustee, net caption in the accompanying statement of net assets available for benefits.

The Plan holds shares of Fidelity Freedom Commingled Pools, which are collective trusts. The objective of the target-dated pools is to seek high total return until the target retirement date and thereafter to seek high current income and as a secondary objective, capital appreciation. These pools employ a fund-of-funds process by investing in a diversified portfolio of equity, fixed income and/or short-term products managed by Fidelity. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value and there are generally no restrictions on a participant's ability to redeem at the fund's NAV.

## **PRECISION STRIP RETIREMENT AND SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS (Continued)**

**December 31, 2022**

The Plan has an investment in the MIP, a stable value fund held within a common collective trust, which has entered into fully benefit-responsive investment contracts to provide preservation of principal, maintain a stable interest rate and provide liquidity at contract value for participant withdrawals and transfers. The stable value fund has an investment objective to maintain a constant NAV while generating a slightly higher yield than the money market fund. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. Generally, there are no restrictions on a participant's ability to redeem their investment in the common collective trust at the investment's NAV. However, withdrawals prompted by certain events (e.g., the termination of the MIP and changes in laws or regulations) may restrict a participant's ability to redeem the investment at its NAV.

Cash and cash equivalents include interest-bearing cash and a money market fund.

#### ***Net Appreciation (Depreciation) in Fair Value of Investments***

Realized and unrealized appreciation (depreciation) in fair value of investments is based on the difference between the fair value of the assets at the beginning of the year, or at the time of purchase for assets purchased during the year, and the related fair value on the day investments are sold with respect to realized appreciation (depreciation), or on the last day of the year for unrealized appreciation (depreciation).

Realized and unrealized appreciation (depreciation) in fair value of investments is presented in the accompanying statement of changes in net assets available for benefits as net depreciation in fair value of investments.

#### ***Risks and Uncertainties***

The Plan invests in various funds that hold investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risk in the near term would materially affect participants' account balances and the amounts reported in the financial statements.

The Plan provides investment options that hold securities of foreign companies, which may involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than securities of comparable U.S. companies.

Reliance continues to monitor the impact of the COVID-19 pandemic, and government actions and measures taken to prevent its spread, and the potential to affect operating results. In addition to COVID-19, the conflict between Russia and Ukraine and macroeconomic disruptions such as inflation and the potential for an economic recession or slowdown could also significantly impact the Company's business and the Plan.

#### ***Use of Estimates***

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could materially differ from those estimates.

#### ***Benefit Payments***

Benefits to participants and beneficiaries are recorded when paid.

## PRECISION STRIP RETIREMENT AND SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2022

#### 3. Investments

Participants may invest in certain investments offered by the Trustee, including a unitized Reliance common stock fund that consists principally of Reliance Steel & Aluminum Co. common stock and interest-bearing cash that provides liquidity for trading. As of December 31, 2022 and 2021, the Plan held approximately 241,984 and 181,184 units of the Reliance Steel Stock Fund with fair values of \$15,100,440 and \$8,988,557, respectively.

The assets and liabilities of the Reliance Steel Stock Fund were as follows:

|                                                                                                                              | December 31,<br>2022 | December 31,<br>2021 |
|------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| Reliance Steel & Aluminum Co. common stock (71,407 shares as of December 31, 2022 and 53,146 shares as of December 31, 2021) | \$ 14,455,633        | \$ 8,621,344         |
| Interest-bearing cash                                                                                                        | 643,975              | 367,751              |
| Other receivables                                                                                                            | 2,096                | 3                    |
| Benefit claims payable                                                                                                       | (1,264)              | (541)                |
|                                                                                                                              | <u>\$ 15,100,440</u> | <u>\$ 8,988,557</u>  |

For risks and uncertainties regarding investment in Reliance Steel & Aluminum Co. common stock, participants should refer to the Reliance Steel & Aluminum Co. Annual Report on Form 10-K for the year ended December 31, 2022 and Quarterly Report on Form 10-Q for the quarter ended March 31, 2023.

#### 4. Fair Value Measurements

Fair value is the price that would be received to sell the investment in an orderly transaction between market participants (an exit price). The Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. An active market for the asset or liability is a market in which the transaction for the asset or liability occurs with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities in markets that are active; quoted market prices in markets that are not active; or model-derived valuations or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

# PRECISION STRIP RETIREMENT AND SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2022

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2022 and 2021:

| <u>December 31, 2022</u>                   | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>          |
|--------------------------------------------|-----------------------|----------------|----------------|-----------------------|
| Cash and cash equivalents                  | \$ 7,889,507          | \$ —           | \$ —           | \$ 7,889,507          |
| Mutual funds                               | 123,265,291           | —              | —              | 123,265,291           |
| Reliance Steel & Aluminum Co. common stock | 14,455,633            | —              | —              | 14,455,633            |
| Self-directed brokerage accounts           | 323,424               | —              | —              | 323,424               |
| Total assets in the fair value hierarchy   | 145,933,855           | —              | —              | 145,933,855           |
| Commingled funds measured at NAV           |                       |                |                | 112,439,022           |
| Common collective trust measured at NAV    |                       |                |                | 16,242,182            |
| Total investments at fair value            | <u>\$ 145,933,855</u> | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$ 274,615,059</u> |

  

| <u>December 31, 2021</u>                   | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>          |
|--------------------------------------------|-----------------------|----------------|----------------|-----------------------|
| Cash and cash equivalents                  | \$ 5,811,281          | \$ —           | \$ —           | \$ 5,811,281          |
| Mutual funds                               | 158,383,183           | —              | —              | 158,383,183           |
| Reliance Steel & Aluminum Co. common stock | 8,621,344             | —              | —              | 8,621,344             |
| Self-directed brokerage accounts           | 353,884               | —              | —              | 353,884               |
| Total assets in the fair value hierarchy   | 173,169,692           | —              | —              | 173,169,692           |
| Commingled funds measured at NAV           |                       |                |                | 133,368,949           |
| Common collective trust measured at NAV    |                       |                |                | 15,981,595            |
| Total investments at fair value            | <u>\$ 173,169,692</u> | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$ 322,520,236</u> |

The Plan's investments in mutual funds, common stock and self-directed brokerage accounts are measured at fair value based on quoted market prices of the underlying investments in active markets. Cash and cash equivalents include a money market fund that is measured at fair value based on a quoted market price in an active market and interest-bearing cash with a carrying amount that approximates fair value. The Plan's investments in commingled funds and common collective trust are measured at fair value using NAV as a practical expedient. The fair value of these assets is excluded from the fair value hierarchy and is presented in the tables above to permit reconciliation of the investments classified within the fair value hierarchy to the Plan's total investments at fair value.

### 5. Related Party and Party-in-Interest Transactions

Certain of the Plan's investments include shares in mutual funds, commingled funds and an interest in a common collective trust that are managed by the Trustee. The Plan also invests in shares of Reliance Steel & Aluminum Co. common stock through the unitized Reliance common stock fund. The unitized Reliance common stock fund received \$213,673 of dividends from Reliance Steel & Aluminum Co. for the 2022 Plan year. These transactions and participant loans qualify as exempt party-in-interest transactions.

### 6. Income Tax Status

The Internal Revenue Service ("IRS") issued an opinion letter dated June 30, 2020 that states that the form of the Fidelity plan document adopted by the Plan is acceptable under Section 401 of the Internal Revenue Code ("IRC"). Although the Plan has been amended since the date of this letter, the Plan Administrator believes the Plan is currently operating in compliance with the applicable requirements of the IRC and therefore is tax qualified.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; the Plan is currently under audit by the Department of Labor.

## PRECISION STRIP RETIREMENT AND SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2022

#### 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to amend or terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested with respect to Company contributions.

#### 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as reported on the Form 5500 with that reported in the accompanying financial statements:

|                                                                                                                                  | December 31,          |                       |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
|                                                                                                                                  | 2022                  | 2021                  |
| Net assets available for benefits as reported on the Form 5500                                                                   | \$ 278,744,395        | \$ 327,878,939        |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts held by a common collective trust | 1,096,428             | (142,229)             |
| Net assets available for benefits as reported on the accompanying financial statements                                           | <u>\$ 279,840,823</u> | <u>\$ 327,736,710</u> |

The following is a reconciliation of the changes in net assets available for benefits as reported on the Form 5500 with that reported in the accompanying financial statements:

|                                                                                                                                   | Year Ended<br>December 31, 2022 |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Net decrease in net assets available for benefits as reported on the Form 5500                                                    | \$ (49,134,544)                 |
| Investments:                                                                                                                      |                                 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts held by a common collective trust: |                                 |
| Beginning of year                                                                                                                 | 142,229                         |
| End of year                                                                                                                       | <u>1,096,428</u>                |
| Net decrease in net assets available for benefits as reported on the accompanying financial statements                            | <u>\$ (47,895,887)</u>          |

#### 9. Nonexempt Transactions

As reported on the Form 5500, Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions, certain participant contributions and loan repayments were not remitted to the Plan within the timeframe specified by the Department of Labor's Regulation 29 CFR §2510.3-102, thus constituting nonexempt transactions between the Plan and the Company during the 2022 Plan year. Late remittances amounted to \$212,088 for the 2022 Plan year and the Company remitting lost earnings to the affected Plan participants in 2023.

#### 10. Subsequent Events

The Company evaluated all subsequent events through June 16, 2023, the date the financial statements were issued.

**PRECISION STRIP RETIREMENT AND SAVINGS PLAN**

**SCHEDULE H, PART IV, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

**Year Ended December 31, 2022**

Employer Identification Number: 34-1207681

Plan Number: 001

| Participant Contributions Transferred<br>Late to the Plan                                          | <u>Total that Constitute Nonexempt Prohibited Transactions</u> |                                            |                                                   | Total Fully<br>Corrected<br>Under<br>VFCP and PTE<br>2002-51 |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
|                                                                                                    | Contributions<br>Not<br>Corrected                              | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                              |
| Check Here if Late Participant Loan<br>Repayments are Included <input checked="" type="checkbox"/> |                                                                |                                            |                                                   |                                                              |
| \$212,088                                                                                          | \$211,485                                                      | \$603                                      | —                                                 | —                                                            |

**PRECISION STRIP RETIREMENT AND SAVINGS PLAN**

**SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2022**

Employer Identification Number: 34-1207681

Plan Number: 001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment,<br>including<br>Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | <b><i>Mutual funds:</i></b>                                    |                                                                                                                            |             |                         |
| *   | Fidelity® 500 Index Fund                                       | 228,573 shares                                                                                                             | <i>a</i>    | \$ 30,427,685           |
|     | MFS Value Fund Class R6                                        | 602,763 shares                                                                                                             | <i>a</i>    | 28,601,114              |
|     | American Funds The Growth Fund of America® Class R-6           | 420,482 shares                                                                                                             | <i>a</i>    | 20,818,083              |
|     | Hartford Small Company HLS Fund Class IA                       | 1,124,771 shares                                                                                                           | <i>a</i>    | 15,251,899              |
| *   | Fidelity® Diversified International K6 Fund                    | 839,263 shares                                                                                                             | <i>a</i>    | 9,844,552               |
|     | PIMCO Total Return Institutional Class                         | 890,662 shares                                                                                                             | <i>a</i>    | 7,534,996               |
|     | Victory Sycamore Small Company Opportunity                     | 120,368 shares                                                                                                             | <i>a</i>    | 5,582,645               |
| *   | Fidelity® U.S. Bond Index Fund                                 | 143,810 shares                                                                                                             | <i>a</i>    | 1,463,985               |
| *   | Fidelity® Extended Market Index Fund                           | 19,440 shares                                                                                                              | <i>a</i>    | 1,225,089               |
| *   | Fidelity® Total International Index Fund                       | 99,396 shares                                                                                                              | <i>a</i>    | 1,163,929               |
|     | BlackRock High Yield Bond Portfolio Institutional Shares       | 71,649 shares                                                                                                              | <i>a</i>    | 475,746                 |
| *   | Fidelity® Inflation-Protected Bond Index Fund                  | 49,400 shares                                                                                                              | <i>a</i>    | 445,584                 |
|     | DFA Global Real Estate Securities Portfolio                    | 28,989 shares                                                                                                              | <i>a</i>    | 281,482                 |
|     | Vanguard Total International Bond Index Fund                   | 7,841 shares                                                                                                               | <i>a</i>    | 148,502                 |
|     | <i>Total mutual funds:</i>                                     |                                                                                                                            |             | <u>123,265,291</u>      |
|     | <b><i>Commingled funds:</i></b>                                |                                                                                                                            |             |                         |
| *   | Fidelity Freedom Blend 2030 Commingled Pool Class S            | 1,194,711 shares                                                                                                           | <i>a</i>    | 24,599,093              |
| *   | Fidelity Freedom Blend 2035 Commingled Pool Class S            | 777,947 shares                                                                                                             | <i>a</i>    | 17,324,877              |
| *   | Fidelity Freedom Blend 2040 Commingled Pool Class S            | 676,358 shares                                                                                                             | <i>a</i>    | 15,211,292              |
| *   | Fidelity Freedom Blend 2045 Commingled Pool Class S            | 644,151 shares                                                                                                             | <i>a</i>    | 14,557,818              |
| *   | Fidelity Freedom Blend 2025 Commingled Pool Class S            | 560,729 shares                                                                                                             | <i>a</i>    | 11,281,862              |
| *   | Fidelity Freedom Blend 2050 Commingled Pool Class S            | 474,989 shares                                                                                                             | <i>a</i>    | 10,573,261              |
| *   | Fidelity Freedom Blend 2055 Commingled Pool Class S            | 372,542 shares                                                                                                             | <i>a</i>    | 8,896,310               |
| *   | Fidelity Freedom Blend 2060 Commingled Pool Class S            | 289,142 shares                                                                                                             | <i>a</i>    | 4,626,278               |
| *   | Fidelity Freedom Blend 2020 Commingled Pool Class S            | 117,562 shares                                                                                                             | <i>a</i>    | 2,225,449               |
| *   | Fidelity Freedom Blend 2065 Commingled Pool Class S            | 119,867 shares                                                                                                             | <i>a</i>    | 1,458,785               |
| *   | Fidelity Freedom Blend Income Commingled Pool Class S          | 62,553 shares                                                                                                              | <i>a</i>    | 935,168                 |
| *   | Fidelity Freedom Blend 2015 Commingled Pool Class S            | 34,026 shares                                                                                                              | <i>a</i>    | 642,408                 |
| *   | Fidelity Freedom Blend 2010 Commingled Pool Class S            | 4,746 shares                                                                                                               | <i>a</i>    | 86,291                  |
| *   | Fidelity Freedom Blend 2005 Commingled Pool Class S            | 1,230 shares                                                                                                               | <i>a</i>    | 20,130                  |
|     | <i>Total commingled funds:</i>                                 |                                                                                                                            |             | <u>\$ 112,439,022</u>   |

**PRECISION STRIP RETIREMENT AND SAVINGS PLAN**

**SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2022 (Continued)**

Employer Identification Number: 34-1207681

Plan Number: 001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, including<br>Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value                                               | (d)<br>Cost   | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
|     | <b><i>Cash and cash equivalents:</i></b>                       |                                                                                                                                                                       |               |                         |
|     | Gabelli Funds                                                  | Gabelli US Treasury Money Market Fund - AAA                                                                                                                           | <i>a</i>      | \$ 7,245,532            |
| *   | Fidelity Investments                                           | Interest-bearing cash                                                                                                                                                 | <i>a</i>      | 643,975                 |
|     |                                                                | <i>Total cash and cash equivalents:</i>                                                                                                                               |               | 7,889,507               |
|     | <b><i>Common collective trust:</i></b>                         |                                                                                                                                                                       |               |                         |
| *   | Fidelity Investments                                           | Fidelity Managed Income Portfolio Class 2                                                                                                                             | <i>a</i>      | 15,145,754              |
|     | <b><i>Common stock:</i></b>                                    |                                                                                                                                                                       |               |                         |
| *   | Reliance Steel & Aluminum Co.                                  | 71,407 shares                                                                                                                                                         | <i>a</i>      | 14,455,633              |
|     | <b><i>Self-directed brokerage accounts:</i></b>                |                                                                                                                                                                       |               |                         |
| *   | Fidelity Investments                                           | Fidelity® BrokerageLink                                                                                                                                               | <i>a</i>      | 323,424                 |
|     | <b><i>Notes receivable from participants:</i></b>              |                                                                                                                                                                       |               |                         |
|     |                                                                | Notes receivable from participants with interest rates ranging from 4.25% to 7.25%, collateralized by participants' account balance and maturing through January 2033 |               |                         |
| *   | Notes receivable from participants                             |                                                                                                                                                                       | —             | 5,244,715               |
|     |                                                                |                                                                                                                                                                       | <i>Total:</i> | <u>\$ 278,763,346</u>   |

\* Represents a party-in-interest as defined by ERISA.

*a* The cost of participant-directed investments is not required to be disclosed.

**PRECISION STRIP RETIREMENT AND SAVINGS PLAN**

**SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2022**

Employer Identification Number: 34-1207681

Plan Number: 001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment,<br>including<br>Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | <b><i>Mutual funds:</i></b>                                    |                                                                                                                            |             |                         |
| *   | Fidelity® 500 Index Fund                                       | 228,573 shares                                                                                                             | <i>a</i>    | \$ 30,427,685           |
|     | MFS Value Fund Class R6                                        | 602,763 shares                                                                                                             | <i>a</i>    | 28,601,114              |
|     | American Funds The Growth Fund of America® Class R-6           | 420,482 shares                                                                                                             | <i>a</i>    | 20,818,083              |
|     | Hartford Small Company HLS Fund Class IA                       | 1,124,771 shares                                                                                                           | <i>a</i>    | 15,251,899              |
| *   | Fidelity® Diversified International K6 Fund                    | 839,263 shares                                                                                                             | <i>a</i>    | 9,844,552               |
|     | PIMCO Total Return Institutional Class                         | 890,662 shares                                                                                                             | <i>a</i>    | 7,534,996               |
|     | Victory Sycamore Small Company Opportunity                     | 120,368 shares                                                                                                             | <i>a</i>    | 5,582,645               |
| *   | Fidelity® U.S. Bond Index Fund                                 | 143,810 shares                                                                                                             | <i>a</i>    | 1,463,985               |
| *   | Fidelity® Extended Market Index Fund                           | 19,440 shares                                                                                                              | <i>a</i>    | 1,225,089               |
| *   | Fidelity® Total International Index Fund                       | 99,396 shares                                                                                                              | <i>a</i>    | 1,163,929               |
|     | BlackRock High Yield Bond Portfolio Institutional Shares       | 71,649 shares                                                                                                              | <i>a</i>    | 475,746                 |
| *   | Fidelity® Inflation-Protected Bond Index Fund                  | 49,400 shares                                                                                                              | <i>a</i>    | 445,584                 |
|     | DFA Global Real Estate Securities Portfolio                    | 28,989 shares                                                                                                              | <i>a</i>    | 281,482                 |
|     | Vanguard Total International Bond Index Fund                   | 7,841 shares                                                                                                               | <i>a</i>    | 148,502                 |
|     | <i>Total mutual funds:</i>                                     |                                                                                                                            |             | <u>123,265,291</u>      |
|     | <b><i>Commingled funds:</i></b>                                |                                                                                                                            |             |                         |
| *   | Fidelity Freedom Blend 2030 Commingled Pool Class S            | 1,194,711 shares                                                                                                           | <i>a</i>    | 24,599,093              |
| *   | Fidelity Freedom Blend 2035 Commingled Pool Class S            | 777,947 shares                                                                                                             | <i>a</i>    | 17,324,877              |
| *   | Fidelity Freedom Blend 2040 Commingled Pool Class S            | 676,358 shares                                                                                                             | <i>a</i>    | 15,211,292              |
| *   | Fidelity Freedom Blend 2045 Commingled Pool Class S            | 644,151 shares                                                                                                             | <i>a</i>    | 14,557,818              |
| *   | Fidelity Freedom Blend 2025 Commingled Pool Class S            | 560,729 shares                                                                                                             | <i>a</i>    | 11,281,862              |
| *   | Fidelity Freedom Blend 2050 Commingled Pool Class S            | 474,989 shares                                                                                                             | <i>a</i>    | 10,573,261              |
| *   | Fidelity Freedom Blend 2055 Commingled Pool Class S            | 372,542 shares                                                                                                             | <i>a</i>    | 8,896,310               |
| *   | Fidelity Freedom Blend 2060 Commingled Pool Class S            | 289,142 shares                                                                                                             | <i>a</i>    | 4,626,278               |
| *   | Fidelity Freedom Blend 2020 Commingled Pool Class S            | 117,562 shares                                                                                                             | <i>a</i>    | 2,225,449               |
| *   | Fidelity Freedom Blend 2065 Commingled Pool Class S            | 119,867 shares                                                                                                             | <i>a</i>    | 1,458,785               |
| *   | Fidelity Freedom Blend Income Commingled Pool Class S          | 62,553 shares                                                                                                              | <i>a</i>    | 935,168                 |
| *   | Fidelity Freedom Blend 2015 Commingled Pool Class S            | 34,026 shares                                                                                                              | <i>a</i>    | 642,408                 |
| *   | Fidelity Freedom Blend 2010 Commingled Pool Class S            | 4,746 shares                                                                                                               | <i>a</i>    | 86,291                  |
| *   | Fidelity Freedom Blend 2005 Commingled Pool Class S            | 1,230 shares                                                                                                               | <i>a</i>    | 20,130                  |
|     | <i>Total commingled funds:</i>                                 |                                                                                                                            |             | <u>\$ 112,439,022</u>   |

**PRECISION STRIP RETIREMENT AND SAVINGS PLAN**

**SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2022 (Continued)**

Employer Identification Number: 34-1207681

Plan Number: 001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, including<br>Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value                                  | (d)<br>Cost   | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
|     | <b><i>Cash and cash equivalents:</i></b>                       |                                                                                                                                                          |               |                         |
|     | Gabelli Funds                                                  | Gabelli US Treasury Money Market Fund - AAA                                                                                                              | <i>a</i>      | \$ 7,245,532            |
| *   | Fidelity Investments                                           | Interest-bearing cash                                                                                                                                    | <i>a</i>      | 643,975                 |
|     |                                                                | <i>Total cash and cash equivalents:</i>                                                                                                                  |               | 7,889,507               |
|     | <b><i>Common collective trust:</i></b>                         |                                                                                                                                                          |               |                         |
| *   | Fidelity Investments                                           | Fidelity Managed Income Portfolio Class 2                                                                                                                | <i>a</i>      | 15,145,754              |
|     | <b><i>Common stock:</i></b>                                    |                                                                                                                                                          |               |                         |
| *   | Reliance Steel & Aluminum Co.                                  | 71,407 shares                                                                                                                                            | <i>a</i>      | 14,455,633              |
|     | <b><i>Self-directed brokerage accounts:</i></b>                |                                                                                                                                                          |               |                         |
| *   | Fidelity Investments                                           | Fidelity® BrokerageLink                                                                                                                                  | <i>a</i>      | 323,424                 |
|     | <b><i>Notes receivable from participants:</i></b>              |                                                                                                                                                          |               |                         |
|     |                                                                | Notes receivable from participants with interest rates ranging from 4.25% to 7.25%, collateralized by participants' account balance and maturing through |               |                         |
| *   | Notes receivable from participants                             | January 2033                                                                                                                                             | —             | 5,244,715               |
|     |                                                                |                                                                                                                                                          | <i>Total:</i> | <u>\$ 278,763,346</u>   |

\* Represents a party-in-interest as defined by ERISA.

*a* The cost of participant-directed investments is not required to be disclosed.

**PRECISION STRIP RETIREMENT AND SAVINGS PLAN**

**SCHEDULE H, PART IV, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

**Year Ended December 31, 2022**

Employer Identification Number: 34-1207681

Plan Number: 001

| Participant Contributions Transferred<br>Late to the Plan                                          | <u>Total that Constitute Nonexempt Prohibited Transactions</u> |                                            |                                                   | Total Fully<br>Corrected<br>Under<br>VFCP and PTE<br>2002-51 |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
|                                                                                                    | Contributions<br>Not<br>Corrected                              | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                              |
| Check Here if Late Participant Loan<br>Repayments are Included <input checked="" type="checkbox"/> |                                                                |                                            |                                                   |                                                              |
| \$212,088                                                                                          | \$211,485                                                      | \$603                                      | —                                                 | —                                                            |