## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pens	ion Be	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 550	0-SF.		spection			
Part	: I	Annual Report I	dentification Information								
For ca	lenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013				
		urn/report is for:	an (not multiemployer)		a one-partici	pant plan					
B Ih	is ret	urn/report is:	the first return/report	the final return/report							
			an amended return/report	a short plan year return	n/report (less than 12 mo	nonths)					
<b>C</b> Ch	eck t	oox if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC progra	am			
Dowt		Dania Dian Info	<u> </u>	· · ·							
Part			mation—enter all requested info	rmation		16	There all all	1			
1a Na			ND PROFIT SHARING PLAN			ID	Three-digit plan number				
INE AD	IVIIIK	AL FAMILIES 401(K) A	ND PROFIT SHARING PLAN				(PN) ▶	001			
						1c	Effective date o	f plan			
							01/01	•			
		oonsor's name and add	dress; include room or suite number	r (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 36-39	fication Number 26930			
4152 W	123	RD STREET				2c	Sponsor's telep				
ALSIP,						2d	Business code (	(see instructions)			
<b>3a</b> PI	an ad	dministrator's name and	d address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's				
						3с	Administrator's	telephone number			
<b>4</b> If	the n	ame and/or FIN of the	plan sponsor has changed since the	ne last return/report filed fo	r this plan enter the	4h	EIN				
name, EIN, and the plan number from the last return/report.					70	LIIN					
a S	ponso	or's name				4c	PN				
<b>5a</b> ⊤	otal r	number of participants a	at the beginning of the plan year			5a		40			
b T	otal r	number of participants a	at the end of the plan year			5b		41			
			account balances as of the end of th	. , ,	•	5c		37			
<b>6a</b> v	Vere	all of the plan's assets	during the plan year invested in eli	gible assets? (See instruct	tions.)			X Yes No			
_		·	the annual examination and report	•	*						
			(See instructions on waiver eligibili					X Yes No			
	•		ther line 6a or line 6b, the plan ca					_			
C If	the p	lan is a defined benefit	t plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)? .	····· 📙	Yes No	Not determined			
Cautio	on: A	penalty for the late o	or incomplete filing of this return/	report will be assessed u	ınless reasonable cau	ıse is	established.				
			er penalties set forth in the instruct					able, a Schedule			
SB or	Sche		d signed by an enrolled actuary, as								
SIGN		Filed with authorized/v	valid electronic signature.								
HERE		Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator			
SIGN											
HERE		Signature of employer/plan sponsor Date Enter name of individ				ual sig	ning as employe	er or plan sponsor			
Prepai	rer's		ame, if applicable) and address; inc					number (optional)			

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Pa	t III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a	Total plan assets	7a	428049				5142178			 B
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	428049	99				5	142178	3
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(w) runount				(~)			
	(1) Employers	8a(1) 60440								
	(2) Participants	8a(2)	11081	9						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	71858	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8	389840	)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2816	1						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2816	1
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							861679	9
j_	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				
b	Were there any nonexempt transactions with any party-in-interest	/ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)								
				10b	Χ					500000
	<u> </u>			10c						300000
d	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	,							
	instructions.)		. ,	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	10i						
Part		-								
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No
110	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr							··   L	. 03	
						11a		Тг	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	3U2 Of	EKISA?	<u>·                                    </u>	res	^ INO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being standard for a prior year.	ng amortize	ed in this plan year, see instru		, and e	_	ne date o			ling
It.	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		Yea	al'	
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No				
C 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.)								
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		Complete an entired in accer							
Part I	Annual Report Identi	fication Information	01/01/2013	and ending	12/3	31/2013			
	dar plan year 2013 or fiscal plar		01/01/2013	X					
A This return/report is for: x a single-employer plan									
B This	닏	first return/report	the final return/report						
	∐ an	amended return/report		rn/report (less than 12 m	_				
C Check box if filing under:					☐ DFVC program				
	sp∈	ecial extension (enter description	on)						
Part I		on — enter all requested info	rmation	<del></del>	41 -				
1a Nar	ne of plan					ree-digit in number			
The	Admiral Families 401	L(k) and Profit Shar:	lng Plan		(PI	N) ► 001			
						ective date of plan /01/1987			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)						nployer Identification Number			
	niral Steel LLC				(EIN) 36-3926930				
					2c Sponsor's telephone number (708) 388-9600				
41	52 W. 123rd Street					siness code (see instructions)			
US Al:	ais	IL 60803			42	3500			
	n administrator's name and addr		or Name Same as	Plan Sponsor Address	<b>3b</b> Ad	ministrator's EIN			
					20 Administrated talent accompany				
		•			3c Administrator's telephone number				
-			<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>					
	e name and/or EIN of the plan s	4b EIN							
	ne, EIN, and the plan number fro	om the last return/report.			4c PN	j			
	onsor's name al number of participants at the l	5a	40						
	al number of participants at the				5b	41			
	mber of participants with accoun					37			
	nplete this item)				5c	X Yes □No			
	re all of the plan's assets during you claiming a waiver of the an				 ΡΔ\	<u>F</u> 162 []140			
b Are	ler 29 CFR 2520.104-46? (See I	instructions on waiver eligibility	and conditions.)		· ···	X Yes □No			
if v	ou answered "No" to elther lir	ne 6a or line 6b, the plan can	not use Form 5500-Si	and must instead use	Form 55	00.			
c Ift	e plan is a defined benefit plan,	is it covered under the PBGC	insurance program (se	e ERISA section 4021)?		Yes No Not determined			
Cautio	n: A penaity for the late or inc	omplete filing of this return/r	eport will be assesse	d uniess reasonable ca	use is es	tablished.			
Under	penalties of periury and other pe	nalties set forth in the instruction	ons, I declare that I have	e examined this return/re	eport, incl	uding, if applicable, a Schedule			
	Schedule MB completed and sign t is true, correct, and complete.	ned by an enrolled actuary, as	well as the electronic	rersion of this return/repo	rt, and to	the best of my knowledge and			
Deller,	is true, correct, and complete.		1/1/1/14	1		<del></del>			
SIGN	111014 / 7c	<u>ee</u>	11/0/17	F-t		an also administrator			
HERE	Signature of plan administra	ator	Date	Enter name of individua	ar signing	as pian administrator			
SIGN				Patana and the state of the sta	-1 -1	an ample of a plan and the			
	Signature of employer/plan are's name (including firm name,		Date			as employer or plan sponsor er's telephone number (optional)			
Prepar	ers name (including tilm name,	if applicable) and address, incl	lude 100m or suite muni	ber (optional)	Fiepaic	a a telephone framoer tophonery			
					3445H2 155333				

Part III Financial Information				<del></del> ,		<del>-</del>	<u> </u>	
7 Plan Assets and Liabilities	Mark C	(a) Beginning of Year			(b) End of Year			
a Total plan assets	7a 4,280,49			5,14			5,142,178	
b Total plan liabilities	7b_							
C Net plan assets (subtract line 7b from line 7a)	7c	4,280,4	99				5,142,178	
8 Income, Expenses, and Transfers for this Plan Year	Alaka S	(a) Amount			(b) Total			
a Contributions received or receivable from:	l	60.4	• •					
(1) Employers	8a(1)	60,4		77.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7				
(2) Participants	8a(2)	110,8	Ly	1.52 c	189598 1833 - 14	Aleman Harania		
(3) Others (including rollovers)	8a(3)	770.5		100 m	onin in Daman	1 ( ) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
b Other income (loss)	8b	718,5		48.00		* 4 L (\$75% _24%)		
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance premiums	8c		832 r	1	evalue ai.	ar Son a Same State of	889,840	
to provide benefits)	8d	28,1	51					
e Certain deemed and/or corrective distributions (see instructions)	8e	i		Aurtos 17573	900			
f Administrative service providers (salaries, fees, commissions)	8f			: Sigle		Athinek	erepskirik	
g Other expenses	.8g						viibressaaide	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u>P</u> RANCO	7			28,161	
i Net income (loss) (subtract line 8h from line 8c)	8i		Mark S				861,679	
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics		.t.,			<u></u>	·····		
b If the plan provides welfare benefits, enter the applicable welfare fee  Part V Compliance Questions	ature code	es from the List of Plan Characte	eristic	Code:	s in th	e instruction	's:	
10 During the plan year:				Yes	No	Δ.	mount	
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducians)			10a	163	x		mount	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
C Was the plan covered by a fidelity bond?	**************		10c	х			500,000	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	***************************************	***************************************	10d		x			
Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)			10e		x			
f Has the plan failed to provide any benefit when due under the pla	n?		10f		x			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		x			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х			
i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part VI Pension Funding Compliance	<del> </del>							
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)					iule S	B (Form	☐ Yes 🗓 No	
11a Enter the unpaid minimum required contribution for current year f	rom Sched	dule SB (Form 5500) line 39			11a			
12 Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or sec	ction 3	02 of	ERISA?	Yes X No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	cable.)						
a If a waiver of the minimum funding standard for a prior year is bei	ing amorti	zed in this plan year, see instruc				he date of th	ne letter ruling Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.						
<b>b</b> Enter the minimum required contribution for this plan year		***************************************			12b			

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С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	🗆	Yes [	□ No □ N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a		□ Y	es 🗷 I	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			_	
	I3c(1) Name of plan(s):	c(2) EIN	(s)	13c(3) PN(s)		
Pari	VIII Trust Information (optional)		-			
14a	Name of trust	14b T	14b Trust's EIN			