Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6056(a) of the Internal Revenue Code (the Code). This Form 7bublic in 7bubli				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form Public In Pension Benefit Guaranty Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF. This Form Public In Part I Annual Report Identification Information a single-employer plan (not multiemployer) (Filers checking this box m. of participating employer information in accordance with the form instruct A This return/report is for: a one-participant plan a foreign plan a foreign plan B This return/report is the first return/report a short plan year return/report DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program 1a Name of plan Three-digit plan number (PN) ▶ 1c Effective date of plan (PN) ▶ 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer dentification (EIN) * 36-392692 2c Sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification (EIN) * 36-392692 2c Sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Zb Employer identification (EIN) * 36-392692 </td <td>ust attach a list</td>	ust attach a list			
Periodic Barlanty Collocation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 A This return/report is for:	ust attach a list			
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 A This return/report is for: a single-employer plan a multiple-employer information in accordance with the form instruct B This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report the first return/report a a mended return/report a short plan year return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program generation special extension (enter description) DFVC program Ib Three-digit plan number (PN) ▶ 1a Name of plan THE ADMIRAL FAMILIES 401(K) AND PROFIT SHARING PLAN 1b Three-digit plan number (PN) ▶ 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identificati (EIN) 36-332693 4152 W. 123RD STREET ADMIRAL STEEL LLC 2c Sponsor's telephone 708-388-96 2d Business code (see up of the single employer plan) 2c Sponsor's telephone 708-388-96 2d Business code (see up of the single employer plan) 10 10 <td< td=""><td></td></td<>				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box multiple of participating employer information in accordance with the form instruct of participating employer information in accordance with the form instruct of participating employer information in accordance with the form instruct of participating employer information in accordance with the form instruct of participating employer information in accordance with the form instruct of participating employer information in accordance with the form instruct in a one-participant plan in the first return/report is a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program generation special extension (enter description) DFVC program Part II Basic Plan Information—enter all requested information 1 Three-digit (PN) ▶ 1a Name of plan 1b Three-digit (PN) ▶ 1 C Effective date of plan (PN) ▶ 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identificatii (EIN) 386-392632 4152 W. 123RD STREET ALSIP, IL 60803 2d Business code (see 423500)				
A This return/report is for: □ a one-participant plan □ a foreign plan B This return/report is □ the first return/report □ a foreign plan B This return/report is □ the first return/report □ a short plan year return/report (less than 12 months) C Check box if filing under: □ Form 5558 □ automatic extension □ DFVC program □ special extension (enter description) □ DFVC program □ DFVC program Part II Basic Plan Information—enter all requested information 1 D Three-digit plan number (PN) ▶ I THE ADMIRAL FAMILIES 401(K) AND PROFIT SHARING PLAN 1 b Three-digit plan number (PN) ▶ 1 c Effective date of plan 01/01/198 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identificati (EIN) 36-392693 4152 W, 123RD STREET 01/01/198 2c Sponsor's telephone 708-388-96 ALSIP, IL 60803 01/02 STREET 01/02 STREET				
B This return/report is the first return/report the final return/report a a amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension gpecial extension (enter description) DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) ▶ THE ADMIRAL FAMILIES 401(K) AND PROFIT SHARING PLAN 1c Effective date of plan 0/101/198 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identificati (EIN) 36-392693 4152 W. 123RD STREET 708-388-96 2d Business code (see 423500)				
Image: Control of the system Image: Contro of the system Image: Control of the system				
Context box in hing didd. Image: Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) ▶ THE ADMIRAL FAMILIES 401(K) AND PROFIT SHARING PLAN 1c Effective date of plan 01/01/198 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identificatii (EIN) 36-392693 4152 W. 123RD STREET 708-388-96 ALSIP, IL 60803 2d Business code (see 142500)				
□ special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) ▶ THE ADMIRAL FAMILIES 401(K) AND PROFIT SHARING PLAN 1c Effective date of plan 01/01/198 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identificatii (EIN) 36-392693 4152 W. 123RD STREET 2c Sponsor's telephone 708-388-96 ALSIP, IL 60803 2d Business code (see 423500				
1a Name of plan THE ADMIRAL FAMILIES 401(K) AND PROFIT SHARING PLAN 1c Effective date of plan (PN) ▶ 1c Effective date of plan 01/01/198 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ADMIRAL STEEL LLC 4152 W. 123RD STREET ALSIP, IL 60803				
1a Name of plan THE ADMIRAL FAMILIES 401(K) AND PROFIT SHARING PLAN 1c Effective date of plan 01/01/198 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ADMIRAL STEEL LLC 4152 W. 123RD STREET ALSIP, IL 60803				
(PN) ▶ 1c Effective date of plan 01/01/198 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ADMIRAL STEEL LLC 2b 4152 W. 123RD STREET 2c ALSIP, IL 60803 708-388-96 2d Business code (see 1423500				
Ic Effective date of plan 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ADMIRAL STEEL LLC 2b Employer Identification (EIN) 36-392693 2c Sponsor's telephone 708-388-96 2d Business code (see address) 4152 W. 123RD STREET 423500	001			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identificatii (EIN) 36-392693 ADMIRAL STEEL LLC 2c Sponsor's telephone 4152 W. 123RD STREET 708-388-96 ALSIP, IL 60803 2d Business code (see in 423500)				
4152 W. 123RD STREET 2c Sponsor's telephone ALSIP, IL 60803 708-388-96 2d Business code (see all 423500	2b Employer Identification Number			
ALSIP, IL 60803 2d Business code (see	2c Sponsor's telephone number 708-388-9600			
	Business code (see instructions) 423500			
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN	3b Administrator's EIN			
 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 				
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN				
5a Total number of participants at the beginning of the plan year	41			
b Total number of participants at the end of the plan year	41			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	39			
d(1) Total number of active participants at the beginning of the plan year	42			
d(2) Total number of active participants at the end of the plan year	41			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	0			
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, if applicable, SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my know belief, it is true, correct, and complete.				
SIGN Filed with authorized/valid electronic signature.				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator				
Sign HERE Simultan of any low of any low of individual signing on any low of individual signing of individual signing on any low of	trator			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone nume				

	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Par	t III Financial Information					-	<u> </u>		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o	of Year	
	Total plan assets	7a	51421				(0) 2110 0	55612	284
	Total plan liabilities	7b							
	E4.4047						5561284		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:		050	20					
	(1) Employers	8a(1)	652		_				
	(2) Participants	8a(2)	1174	804					
	(3) Others (including rollovers)	8a(3)			_				
b	Other income (loss)	8b	2580	98					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			4407	745
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	216	39					
е	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			21639				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)							4191	06
j	Transfers to (from) the plan (see instructions)	8j							
Par	Part IV Plan Characteristics								
b	 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 								
10						No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		-	10a		x			
b	 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 					x			
С	Was the plan covered by a fidelity bond?			10c	x				500000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x			
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See			10e		Х			
f	f the device filled to many the excelence flucture device device device a feather device					Х			
g	I Has the plan failed to provide any benefit when due under the plan? 1 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х			
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					x			
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h					
Dart	exceptions to providing the notice applied under 29 CFR 2520.101-3								
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
11a	5500) and line 11a below)					X No			
12	Is this a defined contribution plan subject to the minimum funding		· · · ·				FRISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year		12b					
C 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 onegative amount)	of a	12d					
e 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?		· 🗆 ۲	Yes 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 u of the PBGC?	control		Yes 🗙 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.)							
13c(1) Name of plan(s):	3c(2) El	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)							
14a Name of trust		14b ⊺⊧	rust's EIN				

Form 5500-SF	Popofit Plan							
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	byee 2014 D58(a) of This Form is Open to Pu							
Pension Benefit Guaranty Corporation	Increation							
	entification Information							
For calendar plan year 2014 or fisca		01/01/2014	and ending	12	/31/2014			
A This return/report is for:	a one-participant plan							
C Check box if filing under:] DFVC progra	im					
Part II Basic Plan Inform	mation enter all requested inf	ormation						
1a Name of plan	401(k) and Profit Shar			F	Three-digit blan number PN) ►	001		
				1c E	ffective date o			
2a Plan sponsor's name and addr Admiral Steel LLC	ress; include room or suite number	(employer, if for a sing	le-employer plan)			fication Number		
4152 W. 123rd Street				(EIN) 36-3926930 2c Sponsor's telephone number (708) 388-9600				
						(see instructions)		
US Alsip IL 60803 3a Plan administrator's name and	addroop II Comp on Disc Co	N			23500 dministrator's			
3c Administrator's telephone number								
4 If the name and/or EIN of the p name, EIN, and the plan numb	4b EIN							
a Sponsor's name				4c PN				
5a Total number of participants at				5a		41		
b Total number of participants atc Number of participants with acc	5b	5b 41						
complete this item)				5c	5c 39			
d(1) Total number of active partici	pants at the beginning of the plan	year		5d(1	42			
d(2) Total number of active partici				5d(2) 41				
e Number of participants that terr less than 100% vested		5e		0				
Caution: A penalty for the late or	incomplete filing of this return/r					0		
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and comple	er penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I hav well as the electronic v	/e examined this return/re resion of this return/repo	eport, inc rt, and to	luding, if applic the best of my	cable, a Schedule v knowledge and		
SIGN 1100 , 7 HERE Signature of plan admini	rankle	6-4-15	MARK J.		Iner			
Mad	strator	Date 6-4-15	Enter name of individua	al signing				
SIGN HERE Signature of employer/pl			MARKE-	1.	Toilin			
Preparer's name (including firm nar		Date ude room or suite num!	Enter name of individua per (optional)			or plan sponsor number (optional)		
For Paperwork Reduction Act No	tice and OMB Control Numbers	see the instructions	or Form 5500-95		F -	rm 5500 SE (2011)		
	e en e en e e en e e e e e e e e e e e	see the manuchons i	01101110000-8F.		FO	rm 5500-SF (2014) v 140124		

Form 5500-SF 2014		Page 2							
6a Were all of the plan's assets during the plan year inve	ested in eligible assets?	? (See instructions.)							
b Are you claiming a waiver of the annual examination a	and report of an indepe	ndent qualified public accounta	nt (IC		•••••	•••••	XYes No		
under 29 CFR 2520 104-462 (See instructions on waiver eligibility and conditions)							X Yes No		
If you answered "No" to either line 6a or line 6b, th	ne plan cannot use Fo	rm 5500-SF and must instead	d use	Form	5500				
c If the plan is a defined benefit plan, is it covered unde	r the PBGC insurance	program (see ERISA section 40)21)?		ΠY	es 🗌 No	Not determin		
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar	T		(b) End	of Voor		
a Total plan assets						(b) End of Year			
b Total plan liabilities		5,142,2	1/0			5,561,284			
C Net plan assets (subtract line 7b from line 7a)									
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)]	5,561,284 Total		
a Contributions received or receivable from: (1) Employers	9-(4)					()			
(2) Participants		65,2		-	<u>.</u>				
(3) Others (including rollovers)		117,4	08	-					
b Other income (loss)	8a(3) 	050.0	0.0						
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		258,0	198	_					
d Benefits paid (including direct rollovers and insurance	premiums						440,745		
to provide benefits)	8d	21,6	39						
e Certain deemed and/or corrective distributions (see ins									
f Administrative service providers (salaries, fees, comm									
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)							21,639		
i Net income (loss) (subtract line 8h from line 8c)							419,106		
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics									
b If the plan provides welfare benefits, enter the applicab	le welfare feature code	s from the List of Plan Charact	eristic	: Code	s in th	e instructio	ins:		
Part V Compliance Questions									
0 During the plan year:				Yes	No		Amount		
a Was there a failure to transmit to the plan any particip 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fiduciary Corre	ction Program)	10a		x				
b Were there any nonexempt transactions with any par on line 10a.)	ty-in-interest? (Do not i	nclude transactions reported	10b		x				
C Was the plan covered by a fidelity bond?			10c	x			500,000		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See the plan of the benefits)									
instructions.)					X				
					X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CER					x				
2520.101-3.)					x				
Part VI Pension Funding Compliance			10i			-			
11 Is this a defined benefit plan subject to minimum fundi	ing requirements? (If "Y	es," see instructions and comp	lete S	Schedu	ule SE	(Form			
5500) and line 11a below) Yes X a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Yes X						Yes X No			
2 Is this a defined contribution plan subject to the minim	um funding requiremer	its of section 412 of the Code c	r sec	tion 30)2 of E	RISA?	Yes X No		
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and a If a waiver of the minimum funding standard for a prior granting the waiver 	12e below, as applica	ble.)			T				

	Form 5500-SF 2014	age 3-						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an	Id skip to line 13.						
b	Enter the minimum required contribution for this plan year		12b					
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 mi negative amount)	nus sign to the left of a	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes					
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes 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 anothe of the PBGC?	er plan, or brought under the c	ontrol	Yes X No				
С	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	3c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a N	ame of trust		14b Trust's El	N				