## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

## 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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit ADMIRAL STEEL, LLC UNION 401(K) PLAN plan number (PN) ▶ 003 Effective date of plan 10/01/1999 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ADMIRAL STEEL, LLC (EIN) 36-3926930 Sponsor's telephone number 708-388-9600 4152 W. 123RD STREET **ALSIP, IL 60658** Business code (see instructions) 423500 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a 38 Total number of participants at the end of the plan year..... 5b 36 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 18 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 37 d(2) Total number of active participants at the end of the plan year..... 5d(2) 36

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

e Number of participants that terminated employment during the plan year with accrued benefits that were

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 knowledge and

belief, it is t	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	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)		

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a sunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.		Пм	X Ye	es	No No
Par		<u> </u>						<u> </u>			
	Plan Assets and Liabilities		(a) Beginning of Veg				/b\ E		Vaar		
-	Fotal plan assets	70	(a) Beginning of Yea				(b) E	na or		5424	
	Fotal plan liabilities	7a 7b			-						
	Net plan assets (subtract line 7b from line 7a)	76 7c	2996	881	+				30	5424	
		76			-			\ <b>T</b> - 4			
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				<u>(r</u>	) Tot	aı		
	1) Employers	8a(1)	168	303							
-	2) Participants	8a(2)	240	90							
	3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	137	'38							
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5	4631	
	Benefits paid (including direct rollovers and insurance premiums										
	o provide benefits)	8d	488	38							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		50							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							48	8888	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								5743	
j	Transfers to (from) the plan (see instructions)	8j									
	If the plan provides pension benefits, enter the applicable pension to 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fellows  V Compliance Questions										
10	During the plan year:				Yes	No		Α	moun	t	
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X					
	on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					50	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)	of the ber	nefits under the plan? (See	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 as	s of year	end.)	10g		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 2520.101			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Ye	es X	No
11a	Enter the unpaid minimum required contribution for current year from	om 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 se	ction :	302 of	ERISA?	?	Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6 	enter th Day			letter ear	rulin	<b>g</b>

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		D	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Report Identification Information

# 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or i	iscal plan year beginning	01/01/2014	and ending	12/31/2014	
A This return/report is for:	x a single-employer plan	of participating emp	r plan (not multiemployer) ployer information in acco	(Filers checking this rdance with the form	s box must attach a list instructions)
B This return/report is:	a one-participant plan	a foreign plan			
This return report is.	the first return/report	the final return/repo			
	an amended return/report	a snoπ plan year re	turn/report (less than 12 r	months)	
C Check box if filing under:	Form 5558	automatic extension	n	DFVC pro	gram
	special extension (enter desc	cription)			
Part II Basic Plan Inf	ormation enter all requested	d information			
1a Name of plan				1b Three-digit	
Admiral Steel, LLC	Union 401(k) Plan			plan number (PN) ▶	003
				1c Effective dat	
2a Plan snonsor's name and a	address; include room or suite num	har (ampleyer if for a sine	alo amplayor plan)	10/01/19	
Admiral Steel, LLC	!	ber (employer, il lor a sing	gle-employer plan)	(EIN) 36-3	entification Number
				2c Sponsor's te	
4152 W. 123rd Street				(708) 38	
					de (see instructions)
US Alsip IL 60658				423500	
3a Plan administrator's name	and address X Same as Plan Sp	oonsor Name		<b>3b</b> Administrato	r's EIN
				3C Administrato	r's telephone number
4 If the name and/or EIN of the	ne plan sponsor has changed since	e the last return/report filed	d for this plan, enter the	4b EIN	
	umber from the last return/report.				
a Sponsor's name	o ot the beginning of the allegation			4c PN	20
	s at the beginning of the plan year sat the end of the plan year			5a 5b	38
	account balances as of the end of				36
complete this item)				5c	18
	articipants at the beginning of the pl			5d(1)	37
	articipants at the end of the plan ye			5d(2)	36
C	terminated employment during the			5e	0
	e or incomplete filing of this retu				
Under penalties of perjury and	other penalties set forth in the instru	uctions, I declare that I ha	ve examined this return/r	eport, including, if ap	plicable, a Schedule
belief, it is true, correct, and con	and signed by an enrolled actuary, mplete.	as well as the electronic	version of this return/repo	rt, and to the best of	my knowledge and
SIGN Mail	Rell	6-4-15	MARK J	. Tollive	_
HERE Signature of plan add	ministrator	Date	Enter name of individu		
SIGN Mark / +	all	6-4-15	MARK J.	18 11 12 C	Tillistrator
HERE Signature of employe	er/plan sponsor	Date	Enter name of individua		er or plan enoneor
	name, if applicable) and address;		nber (optional)		ne number (optional)
			(-1/	- CPE. C. C COOPTION	(optional)

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)					X Yes	No	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								No	
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Fo	rm 5500-SF and must instead							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 40	21)?	[	Ye	es No	Not dete	rmine	
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End o	of Year		
а	Total plan assets	. 7a	299,6	81				305,42	24	
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	299,6	81		305,424				
8 a	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	16,8	03						
	(2) Participants	<del></del>	24,0							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	13,7	38						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						54,63	31	
d	Benefits paid (including direct rollovers and insurance premiums							01/03		
	to provide benefits)	8d	48,8	38		-		A CHICAGO		
	Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	1		F.0						
-		8f		50						
g h	Other expenses	8g						40.00		
	Net income (loss) (subtract line 8h from line 8c)							48,88		
	Transfers to (from) the plan (see instructions)	8i						5,74	:3	
	rt IV Plan Characteristics	8 <u>j</u>						2000		
_	If the plan provides pension benefits, enter the applicable pension for 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare features.									
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	1	Amount		
a		tions withi	n the time period described in							
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest			10a		X				
	on line 10a.)			10b		X				
С	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?	fidelity bor	nd, that was caused by fraud	10d		х				
е				, ou			<del>                                     </del>			
	insurance service, or other organization that provides some or all	of the bene	efits under the plan? (See							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10h						
Par		-0		10i						
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complete Schedule SB (Form									
110	5500) and line 11a below)					т		Yes X	J No	
	Enter the unpaid minimum required contribution for current year from						1			
12	Is this a defined contribution plan subject to the minimum funding			or sec	tion 3	02 of	ERISA?	Yes X	No	
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	ng amortize	ed in this plan year, see instruct	tions.	and e	nter th	he date of th	ie letter ruling		
	granting the waiver		Mor	ith _		_ Da	у			

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	1 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 (negative amount)	(enter a minus sign to the left of a			
е	Will the minimum funding amount reported on line 12d be met by the funding			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?			es X No	)
	If "Yes," enter the amount of any plan assets that reverted to the employer thi				
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	d to another plan, or brought under the	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the plan(s	to		
1	3c(1) Name of plan(s):	1	3c(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a N	Name of trust		14h ⊤	rust's EIN	
			. 10	I GOLO EIIV	
			1		