## 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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	rt I	<b>Annual Repor</b>	t Identifica	ation Information	n									
		r plan year 2015 or					and ending 12	/31/2	015					
<b>A</b> T	his retu	urn/report is for:	X a single		er) (Filers checking this box must attach a accordance with the form instructions)									
		·	a one-p	participant plan	_ ' ' ' '									
<b>B</b> Th	nis retu	rn/report is	Ħ	t return/report ended return/report	믐	e final return/report short plan vear return	l/report (less than 12 mg	onths	)					
•					— —	_								
Co	heck b	ox if filing under:	lling under: Form 5558 automatic extension DFVC program  special extension (enter description)											
Pai	rt II	Rasic Plan Inf		enter all requested in		on.								
	Name o		Offination-	enter an requested in	Illomiauc	JII		1h	Three-digit					
		TEEL, LLC UNION 4	401(K) PLAN						plan number					
			, ,						(PN) ▶	003				
								1c	Effective date of 10/0	plan 1/1999				
ľ	Mailing	address (include ro	om, apt., suite	single-employer plan) e no. and street, or P.				2b Employer Identification Number (EIN) 36-3926930						
	•	town, state or provir EEL, LLC	nce, country, a	and ZIP or foreign pos	stal code	(if foreign, see instru	uctions)	<b>2c</b> Sponsor's telephone number 708-388-9600						
								2d	Business code (s	see instructions)				
4152 V ALSIP,	V. 123F , IL 606	RD STREET 558						423500						
3a 1	Plan ad	Iministrator's name	and address	XSame as Plan Spor	nsor.			<b>3b</b> Administrator's EIN						
								3с	Administrator's to	elephone number				
				sor has changed since he last return/report.	e the last	return/report filed fo	r this plan, enter the	4b	EIN					
a s	Sponso	or's name		·				4c	PN					
5a	Total n	umber of participan	ts at the begir	nning of the plan year				5	а	37				
b	Total n	umber of participant	ts at the end o	of the plan year				5	b	35				
				ances as of the end of				5	17					
<b>d</b> (1	<b>1)</b> Tota	I number of active p	articipants at	the beginning of the p	olan year	r		5d	36					
d(2) Total number of active participants at the end of the plan year							5d	(2)	35					
-	Numb	er of participants tha	at terminated	employment during th	e plan ye	ear with accrued ben	efits that were less	50						
	ion: A	penalty for the late	e or incomple	ete filing of this retu	rn/repor	t will be assessed ι	unless reasonable cau							
SB o	r Sche		and signed by				examined this return/repsion of this return/report							
SIGN		Filed with authorize		onic signature.		06/20/2016	MARK TOLLIVER							
HER						Date	Enter name of individu	ıal sid	ning as plan adm	ninistrator				
SIGN		Signature of plan administrator Date Enter name of individu						dai signing as plan administrator						
SIGN		<u> </u>				5.								

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>					
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t</li></ul>	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)		
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information	, ,						
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	7a		305	424			342262
<b>b</b> Total plan liabilities	7b		205	104			242222
Net plan assets (subtract line 7b from line 7a)      Income. Expenses, and Transfers for this Plan Year	7c	(a) A man		424			342262
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)		18	972			
(2) Participants	8a(2)		27	295			
(3) Others (including rollovers)	8a(3)						
<b>b</b> Other income (loss)	8b		-	171			40000
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						46096
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9	198			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f			60			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9258
i Net income (loss) (subtract line 8h from line 8c)	8i						36838
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:
Part V   Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?							
			10c	X			500000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the pla							
			10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ		
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			10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance				•	-		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (	302 of EF	RISA? Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial	telephone number				
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st	ge Average benefit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration

## 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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public

Pension Benefit Guaranty Corporation		and revenue Code			Inspection
	Complete all entries in accification Information	ordance with the in	structions to the Form 5	500-SF.	mapecalon
For calendar plan year 2015 or fiscal pla	n vear beginning	01/01/201		· · · · · · · · · · · · · · · · · · ·	
· · · · · ·	single-employer plan				31/2015
B This return/report is:	ne-participant plan first return/report amended return/report	a list of participation a foreign plan the final return/rep	ig employer information is ort	n accordan	necking this box must attach ce with the form instructions)
**************************************	la de la composition della com	T a anoit bian year i	eturn/report (less than 12	months)	
spe	m 5558 cial extension (enter descript		on		DFVC program
Part II Basic Plan Information	on enter all requested inf	ormation		***	
Admiral Steel, LLC Union	401(k) Plan			pla (P	ree-digit an number N) ► 003
					ective date of plan F/01/1999
2a Plan sponsor's name (employer, if for Mailing Address (include room, apt., City or town, state or province, count	CUITA DO AND OFFICE A P. C. F.	Box) code (if fareign, see i	nstructions)	2b En	ployer Identification Number N) 36-3926930
Admiral Steel, LLC			•	2C Sp	onsor's telephone number 08) 388-9600
4152 W. 123rd Street			•	2d Bus	siness code (see instructions) 3 5 0 0
3a Plan administrator's name and addre	[v] 5				
		:			ministrator's EIN ninistrator's telephone number
4 If the name and/or FIN of the plan and			Manager and Company of the Company o		construer of the sign of the figure of the property of the confidence of
name, EIN, and the plan number from	onsor has changed since the the last return/report.	last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name			. :	4c PN	
Total number of participants at the be	ginning of the plan year	*************	***************************************	5a	57
	JOI ING Olan vear	•		5b	35
complete this item)	alances as of the end of the	olan year (defined be	nefit plans do not	5c	17
-( ) rotal national of active participants a	it the beginning of the plan ye	Of	***************************************	5d(1)	36
U(2) Total number of active participants a	t the end of the plan year			5d(2)	
6 Lancipulation in at California in a lancipulation	employment during the plan	wear with account he	no Cin the -t	5e	35
Caution: A penalty for the late or incom	plete filing of this returning	ant will be an-	*******************************		0
Under penalties of perjury and other penalt SB or Schedule MB completed and signed pelief, it is true, correct, and complete.					
SIGN Mail felle		1/20/16	MARK T.		Hive
HERE Signature of plan administrator		Date	Enter name of individual		
sign			- ito itoric of thoralong	2.Runi 82	pian administrator
HERE   Signature of employer/plan spo	nsor	Date	Enter name of individual		
reparer's name (including firm name, if ap	plicable) and address; includi	e room or suite numb	er -	Preparer's	employer or plan sponsor telephone number

			•							
	Form 5500-SF 2015		Page 2			-				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.) ,,,	********	ΧY	es ∏No				
b	· ·			ounta	ant (IQ	PA)			-	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)	*********	X Yes No					
С	If you answered "No" to either line 6a or line 6b, the plan cannot if the plan is a defined benefit plan, is it covered under the PBGC in								~~ ··	
[		isurance ;	orogram (see ERISA sec	(100 4	021)?	******	, <u></u> , Υ€	s N	0   140	ot determined
Ρ.	art III Financial Information	A CONTRACTOR				<del></del>				
	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a b	Total plan assets	7a	]3	05,	424				34	2,262
c	Total plan liabilities	7b					<del></del>			
8	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amour	05,	424	$\dashv$	342, 262 (b) Total			
a	Contributions received or receivable from:		(a) Fillion			+-	4 76	(8)	10601	
	(1) Employers	8a(1)		18,		- 23	TO WE		. 7	<del></del>
	(2) Participants	8a(2)		27,:	295	- 155 345	7. n.			<del></del>
Ъ	(3) Others (including rollovers)	8a(3)	į.	171	771	-12			<u> </u>	<u> </u>
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	d8 36			71) - 11 - 13 - 13 - 13 - 13 - 13 - 13 - 13	- 1985 - 1985	UNITED S		16	- 764
d	Benefits paid (including direct rollovers and insurance premiums	OE.						Maria Maria	4	6,096
	to provide benefits)	8d		9,1		TO THE PARTY OF TH				
e	Certain deemed and/or corrective distributions (see instructions)	8e							Va. 26.50-25. (2-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Administrative service providers (salaries, fees, commissions)	8f			60					
9_	Other expenses	8g		enteres.						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	\$1.00 \$ \$1000 \$1.50 \$25 \$2 \$2	Augusta						9,258
	Net income (loss) (subtract line 8h from line 8c)	8i			Kata a		12000	eg ee e		6,838
	Transfers to (from) the plan (see instructions)	8j					er ere			<u> </u>
-	If the plan provides pension benefits, enter the applicable pension fe 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feat									T . W. A MARKON MARKON MARKAN
FIRE	ave a contract of the contract			·				·		
	t V Compliance Questions	····		······································	Τ	T	Taras va			
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	in a contract		т	Yes	No	MA		Amoun	<u>t</u>
~	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	ions within Juntary Fig	tue urne period							
:	Program)			10a		x				-
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	nclude transactions			<del>                                     </del>				······································
	reported on line 10a.)	*******	.,	10b		X				
- d	Was the plan covered by a fidelity bond?			10c	X	ļ	41.502.45			500,000
u	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	or persons	by an insurance he benefits under	-					W	
f	the plan? (See instructions.)			10e		38:				
	Has the plan failed to provide any benefit when due under the plan?			10f		X.				
9	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X:				
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	********	77777777777777777777777777777777	10h		Ж.	(	en. Se		·
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the natice applied under 29 CFR 2520.101-	3	******************	10i						
j	Did the plan trust incur unrelated business taxable income?	****	PR->PP#17#7777444744444444444444444444444444	10j						
Part	Vi Pension Funding Compliance			-:-21		<u> </u>	1			
11	is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	********	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	******	******	******	Jule SB	(Form	Y	es 🗓 No
	Enter the unpaid minimum required contribution for current year from						11a			
12	is this a defined contribution plan subject to the minimum funding re	quiremen	ts of section 412 of the 0	Code	or sec	tion 3	02 of E	RISA?	_ □ Y	es 🗓 No

Form 5500-SF 2015 Page 3-					
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction of the waiver.  Month  Month	ions, and D:	enter th	ne date of t Yea	the letter	ruling 
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 of negative amount)	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?		☐ Y∈	s 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 unc	der the co	ontrol		Yes	X No
of the PBGC?	plan(s) to	)			
13c(1) Name of plan(s):	13c	(2) EIN(	s)	13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b Ti	rust's EIN		
14¢ Name of trustee or custodian		14d Trustee or custodian's telephone number			
Part IX IRS Compliance Questions					
15a is the plan a 401(k) plan:	*******	Ye	s l	□ No	
15b if "Yes." how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	oloyer	Design- based safe harbor method			ACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	**********	Yes No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410	O(b):	Ratio Percentage Ave Test Ben			≆ge fit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Ye:	s	No No	
17a Has the Plan been timely amended for all required law changes?		Ye	s	No	N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted instructions for tax law changes and codes).	.Enter the	e applica	able code	(Se	e
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is advisory letter, enter the date of that favorable letter / / and the letter's serial number.					
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter determination letter		e of plar	i's last fav	orable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has be made), American Samoa. Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Island	een is)?	☐ Ye	s	☐ No	
19 Were in-service distributions made during the plan year?		Ye	S	No.	and the second s
If Yes, enter amount	*****	19			
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether pat retired) as required under section 401(a)(9)?	or	☐ Ye	s	□ No	□ N/A