Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

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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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annu	al Report Identification Information		
For calendar plan ye	ear 2015 or fiscal plan year beginning 01/01/2015 and ending 1	12/31/2015	
A This return/report	x a single-employer plan		
B This return/report	the first return/report	nonths)	
C Check box if filin	g under: Form 5558 automatic extension	DFVC pro	ogram
	special extension (enter description)		
Part II Basic	Plan Information—enter all requested information		
1a Name of plan THE ADMIRAL FAM	LIES 401(K) AND PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 1c Effective date	001 of plan
		01	/01/1987
Mailing address	name (employer, if for a single-employer plan) (include room, apt., suite no. and street, or P.O. Box) ate or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Idea (EIN) 36	ntification Number -3926930
ADMIRAL STEEL LLC			-388-9600
1152 W 122DD CTDI	ET	2d Business code	e (see instructions)
4152 W. 123RD STRI ALSIP, IL 60803		42	3500
3a Plan administra	tor's name and address Same as Plan Sponsor.	3b Administrator	s EIN
		3c Administrator	s telephone number
	I/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the d the plan number from the last return/report.	4b EIN	
a Sponsor's name		4c PN	
5a Total number of	f participants at the beginning of the plan year	. 5a	43
b Total number of	f participants at the end of the plan year	. 5b	36
	icipants with account balances as of the end of the plan year (defined benefit plans do not em)	. 5c	36
d(1) Total numbe	r of active participants at the beginning of the plan year	. 5d(1)	41
d(2) Total numbe	r of active participants at the end of the plan year	5d(2)	36
Number of par than 100% ves	ticipants that terminated employment during the plan year with accrued benefits that were less sted	. 5e	0
	for the late or incomplete filing of this return/report will be assessed unless reasonable ca		
	erjury and other penalties set forth in the instructions, I declare that I have examined this return/re completed and signed by an enrolled actuary, as well as the electronic version of this return/repor- ect, and complete.		

06/20/2016

Date

Date

MARK TOLLIVER

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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

Filed with authorized/valid electronic signature

Signature of plan administrator

Signature of employer/plan sponsor

Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a 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	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determined
Part III Financial Information	ı				-			
7 Plan Assets and Liabilities		(a) Beginning					(b) End c	
a Total plan assets	7a		5561	284				5621045
b Total plan liabilities	7b		5504	004				5004045
C Net plan assets (subtract line 7b from line 7a)	7c		5561	284	-			5621045
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) To	otal
(1) Employers	8a(1)		64	933				
(2) Participants	8a(2)		125	523				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-15	748				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							174708
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		114	1947				
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							114947
i Net income (loss) (subtract line 8h from line 8c)	8i							59761
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	e instruct	ions:
B If the plan provides welfare benefits, enter the applicable welfare fe	natura code	os from the List of Pla	n Char	octorict	ic Coc	loc in the	inetructio	no:
in the plant provides wellare benefits, effer the applicable wellare is	eature coue	es nom the List of Fia	ii Cilai	acterist	ic Coc	162 111 1116	HISHUCH	лі5.
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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest			401		X			
reported on line 10a.)			10b	.,				
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.)	ner persons ne or all of t	by an insurance he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the plan								
			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)								Yes X No
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 3 - 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		a 11 0
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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		rage efit 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

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

FULLERY	Anne I	Complete all entries in accomplete all entries in accomplete.	rdance with the inst	ructions to the Form 5	500-SF.	
Pa		Identification Information				
Forc	alendar plan year 2015 or fis	cal plan year beginning	01/01/2015	and ending	12/31/2	15
A T	nis return/report is for:	x a single-employer plan	a list of participating	r plan (not multiemploye g employer information i	r) (Filers checking n accordance with	this box must attach the form instructions)
Вп	nis return/report is:	the first return/report	a foreign plan the final return/repo			
		an amended return/report	a short plan year re	tum/report (less than 12	menths)	
C Cr	neck box if filing under:	Form 5558	automatic extension	n ·	DFVC	program
Par	Basic Plan Info	rmation enter all requested info	mation			
1a N	lame of plan				1b Three-dig	it .
ī	he Admiral Familie	s 401(k) and Profit Shar	ing Plan	,	plan num (PN) ▶	ber 001
2a F	lan cooperate name (name)	16.6		;•	'IC Effective 01/01/	1987
e C	latting Address (include room ity or town, state or province	yer, if for a single-employer plan) n, apt., suite no. and street or P.O. B a, country, and ZIP or foreign postal o	lox) code (if föreign, see in	estructions)	1	Identification Number 6-3926930
A	dmiral Steel LLC			•	2¢ Sponsor's (708)	stelephone number 388-9600
4	152 W. 123rd Street	L			2d Business 423500	code (see instructions)
υ	3 Alsip IL 60803					
		d address 🗓 Same as Plan Sponso	or Name		3b Administr	nto de Milat
		a war and an an an appearance	or reality		SU Administr	BIOTS EIN
·				*	3c Administr	ator's telephone number
4 If i	the name and/or EIN of the pime, EIN, and the plan numb	plan sponsor has changed since the per from the last return/report.	last return/report filed	for this plan, enter the	4b EIN	
	onsor's name				4c PN	
5a To	tal number of participants a	t the beginning of the plan year	***************************************		5a	43
D 10	tal number of participants at	t the end of the plan year	*****************************		5b	36
C Nu	imber of participants with ac	count balances as of the end of the	nian wear (defined her	refit plane de not	5c	36
d(1) -	Total number of active partic	ipants at the beginning of the plan ye	ar	***************************************	5d(1)	41
d(2)	Total number of active partic	ipants at the end of the plan year	78 7878494744444444444444444444444444444	***********	5d(2)	36
e Nu les	mber of participants that ten s than 100% vested	rninated employment during the plan	year with accrued be	nefits that were	5e	O
Cautio	n: A penalty for the late or	incomplete filing of this return/re	port will be assesse	d unless reasonable of	auco ie octablich	
SB or S	penaities of perjury and othe	er penalties set forth in the instruction I signed by an enrolled actuary, as w	s I declare that I have	e evaminer this return to	anad including if	annicable a Cabadais
SIGN	Mail,	Mu	11/20/16	MARK	To Toil	1145
HERE	Signature of plan admin	istrator	Date	Enter name of individu		
SIGN					<u> </u>	
HERE	Signature of employer/p	lan sponsor	Date	Enter name of individua	al signing es amni	Over or plan enone or
Prepare		me, if applicable) and address; includ		per	Preparer's teleph	
					, raparora terepi	iono nember
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		•				
			•		No. 15 Character	

		Page 2							
6a Were all of the plan's assets during the plan year invested in eligit	ole assets?	See instructions \							
b Are you claiming a waiver of the annual examination and report of	an independ	dent qualified public a	eccour	tant ((MDA)	***********	**********	XYes	∐No
Under 29 CFR 2520 104,462 (Sociente de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya della companya della companya de la companya della companya della companya della companya della companya della companya della co								X Yes	[] No
the pipe can capt	SAT HON EN-	EEAA AF 1							
c If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA se	ection	4021)	2	5500 V []	'. Se [7]	No Filera	
Part III Financial Information						··· [] ;	ب ب	140 F 140EQ	atermine
7 Plan Assets and Liabilities	gar gar	/al Bostonia		·					
a Total plan assets	. 7a	(a) Beginnin					(b) E	nd of Year	
b Total plan liabilities	. 7b		,561	,284				5,621,	045
Net plan assets (subtract line 7b from line 7a)	. 7c					····			
Income, Expenses, and Transfers for this Plan Year		(a) Amor	, 561 ::et	, 284				5,621,	045
warmana received of received the received		. (0) 2,11100				. 25	1) ************************************) Total	
(1) Employers	8a(1)	····	64,	933	70		(No. 1) 69.55		
(2) Participants	8a(2)		125,	523			The effective		
(3) Others (including rollovers) Other income (inss)	8a(3)				100 mg. 1				
Other income (loss)	8b	(15,7	48)	100				200
borrests paro in Gludina direct rollowers and inclusion	8c -							174,7	708
>> Notice Colicus) more and a second state of the second s	8d	•	114,	947	- F			Land plants	
Cenain deemed and/or corrective distributions (see instructions)	80			747		A STATE OF THE REAL PROPERTY.			
Administrative service providers (salaries, fees, commissions)	8f	· · · · · · · · · · · · · · · · · · ·			-		in som		
Other expenses	8g		·	····	1000 1000	reactor.	ennandere Grander		
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							<u> </u>	2000
(Net income (loss) (subtract line 8h from line 8c)	8i				1			114,9	~(**
Transfers to (from) the plan (see instructions)		ELECTRONIC CARROL CONT. CONTROLS		ACAME		and the second of	ene acertai	59,7	
	01 1								
Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension fee 28 2F 2G 2J 2K 2T 3D 3H 3 Hithe plan provides welfare benefits, enter the applicable welfare feat								ctions:	1
Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension feet 2E 2F 2G 2J 2K 2T 3D 3H - If the plan provides welfare benefits, enter the applicable welfare feat art V Compliance Questions	ature codes							ctions:	
If the plan provides pension benefits, enter the applicable pension fee 2B 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare feat art V Compliance Questions During the plan year:	ature codes ure codes fr	om the List of Plan-C		eristic	- Gode	s in the		ctions:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fer 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare feat art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-1027 (See instructions and DOL's Volume 1.5 of the plan and policy should be contributed by the plan and policy should be	ature codes from the	om the List of Plan C e time period eary Correction		eristic	- Gode	s in the		ctions:	
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Form 5500-SF 2015 Page 3-		
(If "Yes," complete line 12a or lines 12h 12c 12d and 12h 12c		
granting the waiver. Granting the waiver.	s, and enter	he date of the letter ruling
in you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form #500) and all in the state of the	. Day	Year
b Enter the minimum required contribution for this plan year		<u> </u>
by the employer to the plan for this plan year	12b	
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	12c	
	12d	
toported of line 12d be met by the funding deadline?		Yes No No
Figure Franciscons and Transfers of Assets		Yes No NA
13a Has a resolution to terminate the plan been adopted in any plan year?	Thy	es X No
y build assets that reverted to the employer this year	1	S LA NO
" TVV VII BIG UBB! ASSPT AIGHBOUGH TO BE T		
C If during this plan year any assets as liabilist	rate CONTROL	Yes X No
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	6) lO	
The parties.	13c(2) EIN(s	3) 13c(3) PN(s)
Part VIII Trust Information		
14a Name of trust		
•	14b Tru	st's EIN
14C None of		
14c Name of trustee or custodian	14d Te	stee or custodian's
N 201	teleph	one number
Part IX IRS Compliance Questions	teleph	one number
The sample designing	teleph	one number
15a is the plan a 401(k) plan	teleph	one number
15a is the plan a 401(k) plan	teleph	No No
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