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Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

2015

Department of the Treasury
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2015 or tax year beginning , 2015, and ending , 20

Name of foundation
Ryerson Foundation

Number and street (or P O box number if mail is not delivered to street address) Room/suite
227 West Monroe Street, 27th Floor

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60606

A Employer identification number
36-6046944

B Telephone number (see instructions)
(312) 292-5000

C If exemption application is pending, check here.

D 1. Foreign organizations, check here.
2. Foreign organizations meeting the 85% test, check here and attach computation.

E If private foundation status was terminated under section 507(b)(1)(A), check here.

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here.

G Check all that apply

| | |
|---|--|
| <input type="checkbox"/> Initial return | <input type="checkbox"/> Initial return of a former public charity |
| <input type="checkbox"/> Final return | <input type="checkbox"/> Amended return |
| <input type="checkbox"/> Address change | <input type="checkbox"/> Name change |

H Check type of organization Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) **\$ 16,786.00**

J Accounting method Cash Accrual
 Other (specify) _____

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received (attach schedule) | 50,000.00 | | | |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. | | | | |
| 3 Interest on savings and temporary cash investments. | | | | |
| 4 Dividends and interest from securities | | | | |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| b Gross sales price for all assets on line 6a | | | | |
| 7 Capital gain net income (from Part II, line 10) | | | | |
| 8 Net short-term capital gain | | | | |
| 9 Income modifications | | | | |
| 10a Gross sales less returns and allowances | | | | |
| b Less Cost of goods sold | | | | |
| c Gross profit or (loss) (attach schedule) | | | | |
| 11 Other income (attach schedule) | | | | |
| 12 Total. Add lines 1 through 11 | 50,000.00 | | | |
| 13 Compensation of officers, directors, trustees, etc. | | | | |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees (attach schedule) | | | | |
| b Accounting fees (attach schedule) | | | | |
| c Other professional fees (attach schedule) | | | | |
| 17 Interest | | | | |
| 18 Taxes (attach schedule) (see instructions) | | | | |
| 19 Depreciation (attach schedule) and depletion | | | | |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | |
| 23 Other expenses (attach schedule) | 3,203.00 | | | 3,203.00 |
| 24 Total operating and administrative expenses. Add lines 13 through 23. | 3,203.00 | | | 3,203.00 |
| 25 Contributions, gifts, grants paid | 66,333.00 | | | 66,333.00 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 69,536.00 | | | 69,536.00 |
| 27 Subtract line 26 from line 12 | | | | |
| a Excess of revenue over expenses and disbursements | -19,536.00 | | | |
| b Net investment income (if negative, enter -0-) | | | | |
| c Adjusted net income (if negative, enter -0-) | | | | |

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| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | End of year | |
|------------------------------------|---|---|-------------------|----------------|-----------------------|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 | Cash - non-interest-bearing | 34,322.00 | 16,786.00 | 16,786.00 |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 8 | Inventories for sale or use | | | |
| | 9 | Prepaid expenses and deferred charges | | | |
| | 10a | Investments - U S and state government obligations (attach schedule) | | | |
| | b | Investments - corporate stock (attach schedule) | | | |
| | c | Investments - corporate bonds (attach schedule) | | | |
| | 11 | Investments - land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ | | | |
| 12 | Investments - mortgage loans | | | | |
| 13 | Investments - other (attach schedule) | | | | |
| 14 | Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ | | | | |
| 15 | Other assets (describe ▶) | | | | |
| 16 | Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) | 34,322.00 | 16,786.00 | 16,786.00 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe ▶) | | | |
| 23 | Total liabilities (add lines 17 through 22) | | | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> | | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | | |
| | 24 | Unrestricted | | | |
| | 25 | Temporarily restricted | | | |
| | 26 | Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> | | | | |
| | and complete lines 27 through 31. | | | | |
| 27 | Capital stock, trust principal, or current funds | | | | |
| 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | | |
| 29 | Retained earnings, accumulated income, endowment, or other funds | 34,322.00 | 16,786.00 | | |
| 30 | Total net assets or fund balances (see instructions) | 34,322.00 | 16,786.00 | | |
| 31 | Total liabilities and net assets/fund balances (see instructions) | 34,322.00 | 16,786.00 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|----------|------------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 34,322.00 |
| 2 | Enter amount from Part I, line 27a | 2 | -19,536.00 |
| 3 | Other increases not included in line 2 (itemize) ▶ <u>Prior Period Adjustment</u> | 3 | 2,000.00 |
| 4 | Add lines 1, 2, and 3 | 4 | 16,786.00 |
| 5 | Decreases not included in line 2 (itemize) ▶ | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 16,786.00 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo, day, yr) | (d) Date sold (mo, day, yr) |
|--|---|--|---|--|
| 1a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | | 2 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 | { If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 } | | | 3 |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|---|---------------------------------------|---|--|
| 2014 | | | |
| 2013 | | | |
| 2012 | | | |
| 2011 | | | |
| 2010 | | | |
| 2 Total of line 1, column (d) | | | 2 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | | | 3 |
| 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 | | | 4 37,507.00 |
| 5 Multiply line 4 by line 3 | | | 5 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 6 |
| 7 Add lines 5 and 6 | | | 7 |
| 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions | | | 8 69,536.00 |

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

| | | | |
|----|---|----|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions) | 1 | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | |
| 3 | Add lines 1 and 2 | 3 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | |
| 6 | Credits/Payments | | |
| a | 2015 estimated tax payments and 2014 overpayment credited to 2015 | 6a | |
| b | Exempt foreign organizations - tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 | Enter the amount of line 10 to be Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|----|-----|----|
| 1a | | X |
| 1b | | X |
| 1c | | X |
| 2 | | X |
| 3 | | X |
| 4a | | X |
| 4b | N/A | |
| 5 | | X |
| 6 | | X |
| 7 | X | |
| 8a | | |
| 8b | X | |
| 9 | | X |
| 10 | | X |

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|----|---|----|-----|---------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). | 11 | Yes | No X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A | 13 | X | |
| 14 | The books are in care of ▶ Ryerson Tax Department Telephone no ▶ 312-292-5000 Located at ▶ 227 West Monroe Street, 27th Floor, Chicago, IL ZIP+4 ▶ 60606-5055 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | | | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ | 16 | Yes | No X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | | Yes | No |
|-----|--|-----|-----|
| 1a | During the year did the foundation (either directly or indirectly) | | |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) | Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/> | 1b | N/A |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? | 1c | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | |
| a | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list the years ▶ | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) | 2b | N/A |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015) | 3b | N/A |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5b** X
Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** X
If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** X

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|-------------------------|---|---|---|---------------------------------------|
| See Attached Statements | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 None | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1 None | |
| 2 | |
| All other program-related investments See instructions | |
| 3 None | |

Total. Add lines 1 through 3 ▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

| | | | |
|----------|--|-----------|-----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities | 1a | |
| b | Average of monthly cash balances | 1b | 38,078.00 |
| c | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 38,078.00 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 38,078.00 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 571.00 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 37,507.00 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,875.00 |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part)

| | | | |
|-----------|---|-----------|----------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 1,875.00 |
| 2a | Tax on investment income for 2015 from Part VI, line 5 | 2a | |
| b | Income tax for 2015 (This does not include the tax from Part VI) | 2b | |
| c | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 1,875.00 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 1,875.00 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 1,875.00 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|---|-----------|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 69,536.00 |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 69,536.00 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 69,536.00 |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, line 7 | | | | 1,875.00 |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only. | | | | |
| b Total for prior years 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | | |
| a From 2010 | | | | 92,924.00 |
| b From 2011 | | | | 81,969.00 |
| c From 2012 | | | | 86,114.00 |
| d From 2013 | | | | 88,313.00 |
| e From 2014 | | | | 75,914.00 |
| f Total of lines 3a through e | 425,234.00 | | | |
| 4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ _____ 69,536.00 | | | | |
| a Applied to 2014, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions). | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2015 distributable amount. | | | | 1,875.00 |
| e Remaining amount distributed out of corpus. | 67,661.00 | | | |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 492,895.00 | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b. | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b Taxable amount - see instructions | | | | |
| e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions | | | | |
| f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016. | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | | | | |
| 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) | 92,924.00 | | | |
| 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a | 399,971.00 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2011 | | | | 81,969.00 |
| b Excess from 2012 | | | | 86,114.00 |
| c Excess from 2013 | | | | 88,313.00 |
| d Excess from 2014 | | | | 75,914.00 |
| e Excess from 2015 | | | | 67,661.00 |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling N/A

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

| | Tax year | | | | (e) Total |
|--|----------|----------|----------|----------|-----------|
| | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a "Assets" alternative test - enter | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

See Attached Statements

b The form in which applications should be submitted and information and materials they should include

See Attached Statements

c Any submission deadlines

March 15, 2015

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

None

Part XV . Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|-----------|
| a <i>Paid during the year</i> See Attached Statements | | | | 66,333.00 |
| Total ▶ 3a | | | | 66,333.00 |
| b <i>Approved for future payment</i> None | | | | |
| Total ▶ 3b | | | | |

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

| | |
|---|---|
| Name of the organization <u>Ryerson Foundation</u> | Employer identification number <u>36-6046944</u> |
|---|---|

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|--|
| Name of organization Ryerson Foundation | Employer identification number 36-6046944 |
|--|--|

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | Joseph T. Ryerson & Son, Inc. 227 West Monroe Street, 27th Floor Chicago, IL 60606-5055 | \$ 50,000.00 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

| | |
|---|---|
| Name of organization Ryerson Foundation | Employer identification number 36-6046944 |
|---|---|

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|---|---|
| Name of organization Ryerson , Foundation | Employer identification number 36-6046944 |
|---|---|

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.)* ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

Ryerson Foundation
F.E.I.N. 36-6046944
Form 990-PF, Return of Private Foundation
For the Tax Year Ended December 31, 2015

Statement 1
Part I, Line 1 - Contributions

| | |
|--|--------|
| Joseph T Ryerson & Son, Inc 227 West Monroe Street, 27th Floor Chicago, IL 60606 | 50,000 |
|--|--------|

\$ 50,000

Statement 2
Part I, Line 23 - Other Expenses

| | |
|---------------------|------------------------|
| Selection Committee | 1,500 |
| Bank Charges | 1,703 |
| Total | <u>\$ 3,203</u> |

Ryerson Foundation
F.E.I.N 36-6046944
Form 990-PF, Return of Private Foundation
For the Tax Year Ended December 31, 2015

Statement 3

Part VIII, Line 1 - List of all Officers, Directors, Trustees, Foundation Managers and their Compensation

| (a) Name & Address | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|--|
| Edward J. Lehner 227 West Monroe Street, 27th Floor Chicago, IL 60606 | President & Chief Executive Officer Less than 1 hour a week | 0 | None | None |
| Roger Lindsay 227 West Monroe Street, 27th Floor Chicago, IL 60606 | Senior Vice President Less than 1 hour a week | 0 | None | None |
| Ench Schnauffer 227 West Monroe Street, 27th Floor Chicago, IL 60606 | Vice President & Assistant Secretary Less than 1 hour a week | 0 | None | None |
| Mark Silver 227 West Monroe Street, 27th Floor Chicago, IL 60606 | Vice President & Secretary Less than 1 hour a week | 0 | None | None |
| Hans Weinburger 227 West Monroe Street, 27th Floor Chicago, IL 60606 | Assistant Secretary Less than 1 hour a week | 0 | None | None |
| Molly Kannan 227 West Monroe Street, 27th Floor Chicago, IL 60606 | Assistant Secretary Less than 1 hour a week | 0 | None | None |
| Robert Delaney 227 West Monroe Street, 27th Floor Chicago, IL 60606 | Treasurer Less than 1 hour a week | 0 | None | None |
| Christopher Pava 227 West Monroe Street, 27th Floor Chicago, IL 60606 | Assistant Treasurer Less than 1 hour a week | 0 | None | None |

Ryerson Foundation
F.E.I.N. 36-6046944
Form 990-PF, Return of Private Foundation
For the Tax Year Ended December 31, 2015

Statement 4
Part X, Line 1b

| | Month End Cash Balance Per Bank Reconciliations |
|-------------------------|--|
| January | \$ 38,184 33 |
| February | \$ 38,056 22 |
| March | \$ 37,930 50 |
| April | \$ 37,803 57 |
| May | \$ 37,675 71 |
| June | \$ 37,548 77 |
| July | \$ 37,421 70 |
| August | \$ 66,350 85 |
| September | \$ 43,206 49 |
| October | \$ 33,051 64 |
| November | \$ 24,915 57 |
| December | \$ 24,786 41 |
| | <u>\$ 456,931 76</u> |
| | <u>12</u> |
| Average Monthly Balance | <u><u>\$ 38,078</u></u> |

Ryerson Scholarship Program
227 West Monroe Street, 27th Floor
Chicago, IL 60606
1-800-438-3455 x5504

January 2015

Dear High School Senior:

This acknowledges receipt of your request for an application for the Ryerson Scholarship Program and includes the following materials:

- Flyer that explains the Ryerson Scholarship Program
- Directions for completing forms
- Application form
- Three recommendation forms.

An additional form, not enclosed, is the FAFSA (Free Application for Federal Student Aid), applicable to U.S. based students only. This form may be obtained from your high school guidance office or may be completed online.

We suggest that you consult with your high school counselor regarding other public and private scholarship sources. In many states the filing of the FAFSA provides consideration for state assistance.

If after reviewing this packet of materials you desire to proceed with the application process, it is important that you adhere to the time limits described in the enclosed directions. Failure to do so or failure to supply correct, accurate, legible information and supporting documentation could disqualify you for consideration by the Scholarship Selection Committee.

If your email address changes during the application process, please be sure to let me know.

All requested information must be received by the Scholarship Office by March 15, 2015.

Please send completed application by regular mail to:

Suzan Perry
Ryerson Scholarship Program
P.O. Box 366
Lansing, IL 60438-0366

Sincerely,

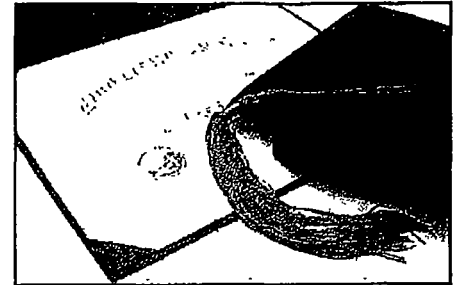
Suzan Perry
Coordinator
Ryerson Scholarship Program

RYERSON

RYERSON SCHOLARSHIP PROGRAM

Continuing a proud tradition...

Ryerson supports the educational aspirations of employees' children through the Ryerson Foundation. The company has long believed that investing in the future of youth is good business and continues that proud tradition by awarding annual college scholarships.



Purpose

The Ryerson Scholarship Program provides scholarships to legally defined dependant children of Ryerson employees who have demonstrated, through their academic achievements and leadership abilities in high school, that they have potential to succeed in college and in their future endeavors. The scholarships are intended to assist those selected to attend the college or university of their choice and to realize their academic and career objectives.

Eligibility

Any legally defined dependant child of a U.S. or Canada-based Ryerson employee is eligible to apply for the Ryerson Scholarship. The child may be a stepchild, legal ward, or legally adopted child. The employee must be fulltime, or may be retired, disabled, or deceased. The active employee must have completed one year of continuous service with Ryerson as of March 1 of the year the scholarship is awarded. Applying students must be seniors/12th graders graduating from high school in the year the scholarship is awarded, while in Quebec, only students graduating from CEGEP in the year the scholarship is awarded are eligible.

Stipends

Except for one-time honorary awards, the Ryerson Scholarship Program is need based. This means that the amount of the stipend will depend on the financial need of the qualifying student. Financial need is defined as the difference between the financial resources available to meet the qualifying student's college costs (parent contribution, student contribution from savings, employment and assets; plus financial aid from other scholarships and sources) and the annual cost of the college selected. The stipend amount ranges from a one time \$1,000 (US) honorary award to a maximum of \$2,000 (US) for each of the four successive years the qualifying student is in college. A key factor in determining the amount of the four year scholarship, applicable to U.S. based students only, is the analysis of the Student Aid Report (SAR) obtained by filing the Free Application for Federal Student Aid (FAFSA).

Application

Information about the Ryerson Scholarship Program is circulated in the fall of each year via company mailings and emails. Flyers announcing the beginning of the application process are distributed to all business units to display in designated places at all Company locations and on RYNET. Interested employees should notify the Ryerson Scholarship Office by completing and submitting the form provided. Upon receipt of that completed form, a packet containing a formal application and supporting documents, along with instructions, will be sent to the applicant. The applicant is responsible for having all forms completed and supporting documentation assembled and returned to the scholarship office by the stated deadlines.



Selection

Completed applications and supporting documents will be reviewed by the selection committee, which is independent of Ryerson and comprised of education professionals. Winners will be selected on the basis of their high school records, the results of their SAT or ACT scores (U.S. only), their leadership activities in school and in the community, and their future academic and career potential. (Note: The selection committee prefers applicants take the SAT, but it accepts the ACT from students not otherwise required to take the SAT.) Students who have experienced difficult circumstances at home or in school, or who have attended schools with limited opportunities, but who have nonetheless compiled exemplary high school records and show promise of completing their college education, are given equal consideration. The number of new scholarships granted each year is determined by the budget approved by Ryerson. The composition of winners will, to the extent possible, reflect the diversity of the Ryerson workforce.

Notification

All applicants, winners and non-winners, are notified of the selection committee's decision by May of each year. Winners are not advised of the amount of their scholarship stipend until other scholarship programs announce their awards and after the applicants have decided what college to attend.



Use of Awards

A Ryerson Scholarship may be used at any regionally accredited college, university or technical school as approved by the selection committee. Approved institutions maintain a regular faculty, curriculum and an organized body of students in attendance. Their programs of study should lead to a bachelor's degree over a minimum of four years. The student must maintain a full-time student status. A student may enroll in a program of shorter duration if credits earned in that program are transferable into a four-year program.

Renewal

Except for the one-time honorary awards, Ryerson Scholarships awarded to U.S. based students are renewable on a year-to-year basis during four consecutive years of undergraduate study for a bachelor's degree. The student must make satisfactory academic progress, maintaining good academic standing, which means a minimum C+ average must be met each consecutive term (minimum grade of 75%) in order for the scholarship to continue. The student must also continue to furnish the necessary documentation to demonstrate financial need for each successive school year. Additionally, the student must take and complete a full-time course of study. If the student is enrolled in a five-year undergraduate degree program, the selection committee may consider extending the scholarship for an additional year if the student's academic record warrants it.

Scholarship recipients transferring to another college or university are required to submit photo copies of the Student Aid Report for the current award year. All students must forward copies of their official transcripts to the Ryerson Scholarship Office at the end of each school year. Failure to do so could delay timely payment of stipends at the beginning of the following school year. Renewal of a Ryerson Scholarship is not contingent upon continued employment of the student's parent by Ryerson

Adjustment of Scholarship Stipend

An upward or downward adjustment of a student's annual stipend may occur, depending on the circumstances. Such circumstances include a change of college or university or a change in a student's financial situation. For example, if a student's financial need increases substantially during the four years of eligibility, the stipend committee will consider increasing the amount of the stipend. A written request must be forwarded to the Ryerson Scholarship Office explaining the circumstances involved. If the additional assistance substantially alters the amount of financial need, the stipend committee may reduce the amount of the Ryerson stipend. The student must submit the Student Aid Report (SAR) by March of each year following their selection as a scholarship recipient.

Change in Value of Awards

If the maximum and/or minimum stipends are increased by Ryerson, the new amounts will apply for those scholarships awarded that school year and in future years. Renewals will continue at the amounts in effect at the time those scholarships were awarded.

Payments

Stipends are paid directly to the college or university in August of each year. The stipends are credited to the student's account, with the amount divided equally between semesters or among quarters, as appropriate. To initiate payment, entering freshmen must send the Ryerson Scholarship Office a copy of their official notice of registration. **Upper classmen are responsible for sending the Ryerson Scholarship Office a copy of their official transcripts at the end of each school year and the SAR by March of each year.**

Interruptions

In case of illness, military service or other temporary interruption of studies for personal or financial reasons, Ryerson Scholarships will be temporarily withheld. At the appropriate time, a written request can be made to the Scholarship Office for reinstatement if the student left his or her previous institution in good academic standing.

Other Company-Sponsored Scholarships

All finalists are eligible to receive only one scholarship funded by Ryerson.

Additional Information

If additional information is required, contact:



RYERSON SCHOLARSHIP PROGRAM

Ms. Suzan Perry, Coordinator
P.O. Box 366, Lansing, IL 60438-0366
Telephone: 1-800-438-3455 x5504
Email: suzan.perry@ryerson.com

RYERSON SCHOLARSHIP PROGRAM

227 West Monroe Street, 27th Floor

Chicago, IL 60606

1-800-438-3455 x 5504

DIRECTIONS

For Completing Ryerson Scholarship Application Forms
2015 Awards

Most items on the scholarship application forms are self-explanatory. However, the following instructions and comments will assist you in providing the requested information.

Before you begin to fill in the forms, be sure that you understand what information is being requested. It is advisable to prepare your responses in draft form before entering them on the application. **Your responses must be typewritten or legibly printed.**

Try to limit your responses to the space provided except where otherwise noted on the form. If additional space is required to respond to an item, attach a piece of paper, including your name and the number of the item to which the response applies.

APPLICATION FOR SCHOLARSHIP

Type of Scholarship

Decide if you want to apply for a Ryerson Scholarship renewable for four years (need based), or for a one-time honorary award. If you do not wish to be considered for a scholarship based on financial need, check the honorary award box. Due to the required documentation of financial need and the timing needed to award the scholarships, Canadian students will be unable to participate in the four year renewable scholarship. This will not affect the Scholarship Selection Committee's consideration of your application. It will indicate, however, that you do not intend to submit the "Free Application for Federal Student Aid" (see section on FAFSA).

3. Student Birth Date and Identification

SSN is your Social Security Number. SIN is your Social Insurance Number (Canada only)

5. College Preference

Not decided on which colleges you prefer? Indicate those that are your most likely choices or write "Undecided."

6. Major/Career

Not sure of your major or career? Write "Undecided."

7. Dependant Eligibility

Your application must include a copy of birth certificate, legal adoption paperwork, or proof of guardianship demonstrating that you are a legal dependant of the named employee.

8. Employee Job Information

For retired or deceased Ryerson employees, indicate where the person was last employed at Ryerson.

Self-Description, Page 4

Since there is no personal interview, this short essay is an important means for you to communicate with the Scholarship Selection Committee. Be as creative as you wish. Discuss your extracurricular activities, community work, hobbies or special interests - those activities that are most important to you. Confine your comments to the space provided.

SAT or ACT Date (U.S. Only), Page 4

If you have already taken the SAT or ACT (the preference is for the SAT), indicate the date in the space provided. (Be sure that the Ryerson Scholarship Program Office receives a copy of your scores.) Be aware that the Selection Committee uses the scores as one part of their consideration for the scholarship, so the deadline for the scores to be in the Scholarship Program Office must be **March 15, 2015**.

RECOMMENDATIONS

Three recommendations are required: one from a counselor or advisor, one from a teacher and one from an adult outside of your school, preferably an employer. If you do not have a counselor or advisor, a teacher who is familiar with your academic work and your other achievements may provide a recommendation.

Three recommendation forms are included. Print your name, last name first, in the space provided at the top of each form before presenting it to the person that will be completing the recommendation form.

It is your responsibility to ensure that the forms are completed and that they reach the Scholarship Office by the **March 15, 2015** deadline. It is advisable to contact the Scholarship Office to assure that they have been received.

FAFSA

FAFSA is the "Free Application for Federal Student Aid" for U.S. students only. It is used as one of the criteria when awarding scholarships based upon financial need. It should be completed as soon as possible after January 1, 2015, as it may take several weeks to process. Contact your high school counselor regarding FAFSA as well as other possible public and private scholarship sources. In many states the filing of the FAFSA provides consideration for state assistance.

After the FAFSA has been processed, a Student Aid Report (SAR) will be sent to you. This report will include an EFC number (Expected Family Contribution). You will need to **submit all pages** of the SAR to the Ryerson Scholarship Office by **March 15, 2015**.

OTHER

Direct any questions you might have that are not answered in the accompanying Scholarship flyer to **1-800-438-3455 x5504** or write to Suzan Perry, Ryerson Scholarship Program, P.O. Box 366, Lansing, IL 60438-0366 or suzan.perry@ryerson.com. Please retain the Ryerson Scholarship flyer for future reference.

Good luck!

| Ryerson Scholarship Program STUDENT CHECKLIST | |
|---|---|
| <i>Item</i> | <i>Sent to Ryerson Scholarship Office</i> |
| Completed Application for Scholarship | |
| Official High School Transcript of all grades through January 2015 | |
| Official SAT/ACT Scores (U.S. Only) | |
| Photocopies of all SAR pages (after FAFSA processing) (U.S. Only) | |
| First High School Recommendation | |
| Second High School Recommendation | |
| Third Employer/Other Recommendation | |
| Photocopy of documentation demonstrating that the student is a dependent of the employee | |

Remember: All required items must be **received** by the Ryerson Scholarship Office by **March 15, 2015**.

Dependant Eligibility. Every applicant must submit a photocopy of their birth certificate, adoption paperwork, or proof of guardianship, etc. demonstrating that they are a legal dependant of the named employee.

8. List department name, job title and location where last employed:

Business Unit: Midwest Southeast Canada Corporate Other

Location: _____ Dept.: _____ Job Title: _____

9. Information about immediate family members:

| | Name | Age | Grade Level |
|----------|------|-----|-------------|
| Sisters | | | |
| | | | |
| | | | |
| Brothers | | | |
| | | | |
| | | | |

10. Has any member of your immediate family received a Ryerson Scholarship? Yes ___ No ___

11. Do you feel that your high school grades are an accurate indication of your ability? Yes ___ No ___

If not, what were the factors that prevented you from doing better? _____

12. What high school subject have you enjoyed the most, and why? _____

13. What special recognition have you received for outstanding schoolwork, such as honors or prizes?

14. What are your educational objectives, and how do you expect to benefit from a college education?

15. List all high school activities in which you have participated, such as class or student government, band or orchestra, athletics, dramatics, debate or oratory, cheerleading, school publications, clubs, etc. Indicate the high school year during which you participated in each activity as follows:

1 – Freshman/Grade 9, 2 – Sophomore/Grade 10, 3 – Junior/Grade 11, 4 – Senior/Grade 12.

| Activity | Position Held | Hours Spent per Week | Year of Participation |
|----------|---------------|----------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

16. List all organized, out-of-school activities in which you have participated, such as Boy Scouts, Girl Scouts, 4-H Club, church organizations, club sports, community service, etc. Indicate the high school year during which you participated in each activity as follows:

1 – Freshman/Grade 9, 2 – Sophomore/Grade 10, 3 – Junior/Grade 11, 4 – Senior/Grade 12.

| Activity | Position Held | Hours Spent per Week | Year of Participation |
|----------|---------------|----------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

17. Describe any work activities during the past three years, performed for your family at home or for outside employers.

18. List all other scholarships you have received or for which you are applying.

| | |
|----|----|
| 1. | 3. |
| 2. | 4. |

SELF-DESCRIPTION: Include any information that will provide a more complete picture of you. What are your special qualities? Confine comments to this space.

I have asked my high school, _____, to forward an official transcript to you, which includes my GPA, class rank, and courses taken with grades.

I took ___ will take ___ the Scholastic Aptitude Test (SAT) or American College Testing Program (ACT) on: _____ (U.S. Only)
Date

I will ___ will not ___ file the Free Application for Federal Student Aid (FAFSA). (U.S. Only)

IMPORTANT: If applying for a renewable scholarship, you must complete the FAFSA.

I hereby certify that all information contained in this application is true and correct.

Student/Applicant Signature

Date

Employee (current or former) Signature

Date

RYERSON SCHOLARSHIP PROGRAM

P.O. Box 366
Lansing, IL 60438-0366
1-800-438-3455 x5504

HIGH SCHOOL RECOMMENDATION

RE: _____
Applicant's/Student's name (Last, First, Middle Initial)

_____ High School

_____ Address City State/Province Zip/Postal Code

The above student in your high school has applied for a **Ryerson Scholarship** sponsored by **Ryerson Inc.** Please complete this form and return it to Suzan Perry, Coordinator, Ryerson Scholarship Program, P.O. Box 366, Lansing, IL 60438-0366 by **March 15, 2015**

Do you believe that the student has been working up to his/her level of ability?

Yes _____ No _____

Explain: _____

Has the student's work been affected by outside work, illness, or other factors? If so, explain.

RYERSON SCHOLARSHIP PROGRAM

P.O. Box 366
Lansing, IL 60438-0366
1-800-438-3455 x5504

EMPLOYER/OTHER RECOMMENDATION

Please type or print

RE: _____
Applicant's/Student's Name (Last, First, Middle Initial)

The above student has applied for a **Ryerson Scholarship** sponsored by **Ryerson Inc.** Please complete this form and return it to **Suzan Perry**, Coordinator, Ryerson Scholarship Program, P.O. Box 366, Lansing, IL 60438-0366 by **March 15, 2015**.

In what capacity do you know the applicant?

How long have you known the applicant?

CHARACTERIZATION OF STUDENT: Comment on strengths and weaknesses of the student and the significance of his or her activities and characteristics. Give specific examples, where possible, to support your general appraisal of the student.

Employer's/Other's Name _____ Title _____
Please type or print

Signature _____ Date _____

Contact Information: Phone: _____ E-mail _____

Ryerson Foundation
F.E.I.N. 36-6046944
Form 990-PF, Return of Private Foundation
For the Tax Year Ended December 31, 2015

Statement 5
Part XV, Section 3a

| Name and Address | Relationship to any Foundation Manager | Foundation Status | Purpose of Grant or Contribution | Amount |
|--|--|----------------------|-------------------------------------|--------|
| Anderson University Anderson, Indiana | N/A | Public | Education | 2,000 |
| Arkansas State University Jonesboro, Arkansas | N/A | Public | Education | 1,000 |
| Auburn University Auburn, Alabama | N/A | Public | Education | 2,000 |
| Baylor University Waco, Texas | N/A | Public | Education | 1,000 |
| California State Polytechnic University Pomona, California | N/A | Public | Education | -667 |
| College of Charleston Charleston, South Carolina | N/A | Public | Education | 2,000 |
| Dominican University River Forest, Illinois | N/A | Public | Education | 2,000 |
| Georgia College and State University Milledgeville, Georgia | N/A | Public | Education | 1,000 |
| Gettysburg College Gettysburg, Pennsylvania | N/A | Public | Education | 2,000 |
| Greenville Technical College Greenville, South Carolina | N/A | Public | Education | 1,000 |
| Illinois State University Normal, Illinois | N/A | Public | Education | 2,000 |
| Indiana University Northwest Gary, Indiana | N/A | Public | Education | 1,000 |
| Iowa State University Ames, Iowa | N/A | Public | Education | 1,000 |
| Kennedy - King College Chicago, Illinois | N/A | Public | Education | 2,000 |
| Kennesaw State University Kennesaw, Georgia | N/A | Public | Education | 2,000 |
| Liberty University Lynchburg, Virginia | N/A | Public | Education | 1,000 |
| Northern Illinois University DeKalb, Illinois | N/A | Public | Education | 2,000 |

Ryerson Foundation
F.E.I.N. 36-6046944
Form 990-PF, Return of Private Foundation
For the Tax Year Ended December 31, 2015

Statement 5
Part XV, Section 3a

| Name and Address | Relationship to any Foundation Manager | Foundation Status | Purpose of Grant or Contribution | Amount |
|---|--|----------------------|-------------------------------------|--------|
| Saint Mary's College of California Moraga, California | N/A | Public | Education | 2,000 |
| St Xavier University Chicago, Illinois | N/A | Public | Education | 2,000 |
| Southern University And A & M College Baton Rouge, Louisiana | N/A | Public | Education | 2,000 |
| Texas State University San Marcos, Texas | N/A | Public | Education | 2,000 |
| The University Of Georgia Athens, GA | N/A | Public | Education | 3,000 |
| University of Arkansas Fayetteville, Arkansas | N/A | Public | Education | 2,000 |
| University Of California Santa Barbara Santa Barbara, CA | N/A | Public | Education | 2,000 |
| University of Central Arkansas Conway, Arkansas | N/A | Public | Education | 2,000 |
| University Of Florida Gainesville, Florida | N/A | Public | Education | 2,000 |
| University of Georgia Athens, Georgia | N/A | Public | Education | 2,000 |
| University Of Houston Houston, Texas | N/A | Public | Education | 2,000 |
| University of Illinois - Chicago Chicago, Illinois | N/A | Public | Education | 4,000 |
| University Of Illinois At Urbana - Champaign Champaign, IL | N/A | Public | Education | 4,000 |
| University of Iowa Iowa City, Iowa | N/A | Public | Education | 2,000 |
| University Of Michigan Ann Arbor, Michigan | N/A | Public | Education | 1,000 |
| University of Minnesota Duluth, Minnesota | N/A | Public | Education | 2,000 |
| University of New Brunswick | N/A | Public | Education | 1,000 |

Ryerson Foundation
F.E.I.N. 36-6046944
Form 990-PF, Return of Private Foundation
For the Tax Year Ended December 31, 2015

Statement 5
Part XV, Section 3a

| Name and Address | Relationship to any Foundation Manager | Foundation Status | Purpose of Grant or Contribution | Amount |
|--|--|----------------------|-------------------------------------|----------------------|
| St John, New Brunswick | | | | |
| University Of Pennsylvania Philadelphia, Pennsylvania | N/A | Public | Education | 1,000 |
| University of Wisconsin Madison, Wisconsin | N/A | Public | Education | 2,000 |
| Virginia Tech University Blacksburg, Virginia | N/A | Public | Education | 2,000 |
| | | | TOTAL: | <u>66,333</u> |