Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calend	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018										
A This ref	turn/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
_		a one-participant plan	a foreign plan								
B This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	ım					
		special extension (enter descr	1 /								
Part II	Basic Plan Info	ormation—enter all requested inf	formation								
1a Name THE CHASE	of plan E GROUP, LLC PROF	IT SHARING PLAN			1b Three-dig plan numb (PN) ▶						
					1c Effective of	date of plan 01/01/2001					
		oyer, if for a single-employer plan)			2b Employer	Identification Number					
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	36-3999351					
	GROUP, LLC	, country, and <u>_</u> or refer go	a. coac (a. co.o.g, cooc			s telephone number 47-562-9292					
					2d Business	code (see instructions)					
305 ERA DR	RIVE OOK, IL 60062					423200					
NORTHBRO	OK, 12 00002										
3a Plan a	dministrator's name a		3b Administrator's EIN								
						20 Administrator's talanhana number					
					3c Administrator's telephone number						
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN						
	or's name				4d PN						
C Plan N	lame										
5a Total	number of participants	s at the beginning of the plan year			5a						
_		at the end of the plan year			5b	18					
		account balances as of the end of		· ·	5c	16					
	,	articipants at the beginning of the pla			5d(1) 19						
d(2) Tot	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	18					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0					
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable car	use is establish	ed.					
Under pena SB or Sche	alties of perjury and ot	ther penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule					
SIGN	Filed with authorized	I/valid electronic signature.	07/02/2019	ROBERT CHASE							
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator					
SIGN	Filed with authorized	I/valid electronic signature.	07/02/2019	ROBERT CHASE							
HERE	Signature of employer/plan sponsor		Date	Enter name of individ	nployer or plan sponsor						

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c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Yes X Yes	No No
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a 1623400 1543675 8 Total plan assets (subtract line 7b from line 7a) 7c 1623400 1543675 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (f) Employers 8a(1) 0 (2) Participants. 8a(2) 109051 (2) Participants. 8a(3) 0 (3) Others (including rollovers). 8a(4) 0 (3) Others (including rollovers). 8a(3) 0 (4) 8a (4	С									
a Total plan assets	Pa	rt III Financial Information	-							
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	163	23400			1543675		
8 income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 0 by Other income (including rollovers)	b	Total plan liabilities	7b		0					
a Contributions received or receivable from: (i) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Other loss (8) Other expenses (9) Other loss other expenses (9) Other loss other expenses (9) Other loss other expenses (10) Other loss other expenses (10) Other	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	162	23400		1543675			
(1) Employers 8a(1) 0 (2) Participants 8a(2) 109051 (3) Others (including rollovers) 8a(3) 0 (b) Others (including rollovers) 8a(3) 0 (c) Total income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b 108022 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 3029 (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 8c 82679 (e) Certain deemed and/or corrective distributions (see instructions) 8e 0 (e) Certain deemed and/or corrective distributions (see instructions) 8f 75 (g) Other expenses (add lines 8d, 8e, 8f, and 8g) 8f 75 (g) Other expenses (add lines 8d, 8e, 8f, and 8g) 8f 75 (h) Total expenses (add lines 8d, 8e, 8f, and 8g) 8f 87 (h) Total expenses (add lines 8d, 8e, 8f, and 8g) 8f 87 (h) Total expenses (add lines 8d, 8e, 8f, and 8g) 8f 87 (h) Total expenses (add lines 8d, 8e, 8f, and 8g) 8f 87 (h) Total expenses (add lines 8d, 8e, 8f, and 8g) 8f	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(3) Other (including rollovers)	a		8a(1)		0					
b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) B C Sensifis paid (including direct rollovers and insurance premiums to provide benefits) E C Extain deemed and/or corrective distributions (see instructions). B C Sensifis paid (including direct rollovers and insurance premiums to provide benefits) E C Extain deemed and/or corrective distributions (see instructions). B C Sensific Paid (including direct rollovers and insurance premiums to provide benefits) E C Sensific Paid (including direct rollovers and insurance premiums to provide benefits) B C Sensific Paid (including direct rollovers and insurance premiums to provide benefits (including direct rollovers and insurance provides (salaries, fees, commissions). B C Sensific Paid (including direct rollovers and insurance premiums and provides persons and solvers and		(2) Participants	8a(2)	10	09051					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0	_				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	-10	06022					
to provide benefits)			8c						3029	
f Administrative service providers (salaries, fees, commissions)	d		8d		82679					
g Other expenses	_ е	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0	_				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		75					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses								
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						82754	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	<u> i </u>		8i						-79725	
9a	J	Transfers to (from) the plan (see instructions)	8j		0					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai	t IV Plan Characteristics								
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a 		feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the ins	tructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the instr	uctions:	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b		•		10b		X			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			3500	00
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under					Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the plan?					X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ			
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	· ·····		10h		Χ			
	i	·			10i					

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No					
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year					
lf y	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							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	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?		Ye	s 🔀 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 under control of the PBGC?	the		Yes X No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/2	018			
A This return/report is for B This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repor	plan (not multiemployer) employer information in t urn/report (less than 12 n	accordance with	g this box must attach n the form instructions.)			
C Check box if filing under:	Form 5558	automatic extension		-	program			
	formation enter all requested in	formation						
1a Name of plan The Chase Group,	LLC Profit Sharing Plan			1b Three-di plan nur (PN) ▶	002			
				1c Effective date of plan				
Mailing Address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.O. ince, country, and ZIP or foreign postal LLC	Box) code (if foreign, see in:	structions)	2b Employer Identification Number (EIN) 36-3999351 2c Sponsor's telephone number				
305 Era Drive				(847) 562-9292 2d Business code (see instructions) 423200				
US Northbrook IL 60062 Ba Plan administrator's name	and address X Same as Plan Spon	sor		3b Administrator's EIN				
				3c Administ	rator's telephone number			
If the name and/or EIN of this plan, enter the plan sp	the plan sponsor or the plan name has consor's name, EIN, the plan name and	changed since the last	return/report filed for the last return/report.	4b EIN				
a Sponsor's name C Plan Name				4d PN				
	ts at the beginning of the plan year			5a	22			
b Total number of participan	ts at the end of the plan year	######################################	PTGC4 13040444111306113747777777703040000120	5b	18			
complete this item)	h account balances as of the end of the	*************************		5c	16			
	articipants at the beginning of the plan	year	94444 44444	5d(1)	19			
	articipants at the end of the plan year o terminated employment during the pla		mefits that were	5d(2)	18			
less than 100% vested	***************************************	*************************	******************************	5e	0			
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	e or incomplete filing of this returnion other penalties set forth in the instruction and signed by an enrolled actuary, as emplete.	ons, I declare that I hav	e examined this return/re	port, including.	if applicable, a Schedule			
sign L			ROBERT CHASE					
HERE Signature of plan ad	ministrator	Date	Enter name of individua	al signing as pla	n administrator			
SIGN			ROBERT CHASE	<u> </u>				
HERE Signature of employ	er/plan sponsor	Date	Enter name of individua	al signing as em	ployer or plan sponsor			

_				
0		a	-	.,
_	а	u	6	•

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)			•••••			X Ye	s No
þ	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						•••••	X Ye	sNo	
_						_		П.,	- 🗆	
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	-				_				
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year .						(See inst	ructions.)
Pa	rt III Financial Information			94					0	
7	Plan Assets and Liabilities	地址的	(a) Beginning of	Year				(b) End	of Year	
а	Total plan assets	7a	1,62	3,40	0				1,54	3,675
b	Total plan liabilities	7b	1000000		0				X.794.8	0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,62	3,40	00	1,543,675				3,675
8	Income, Expenses, and Transfers for this Plan Year	Berney	(a) Amount			(b) Total				
а	Contributions received or receivable from:	8a(1)			0	OF R				
_	(1) Employers	8a(2)	10	9,0		1200				State of the state of
_	(3) Others (including rollovers)	8a(3)		-	0	10000			Distant	
ь	Other income (loss)	8b	(106	. 022		2000	F 51 53	BL ST.	NEW TON	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Macan management	(USWEET	83000	1	THE RESERVE	N. O. P. C. S.	The Real Property lies	3,029
d	Benefits paid (including direct rollovers and insurance premiums					0000	ED700564	86001985	TO COMPANY	3,023
-	to provide benefits)	8d	8	2,6	79	200				
е_	Certain deemed and/or corrective distributions (see instructions)	8e			0	2000	1200			
f	Administrative service providers (salaries, fees, commissions)	8f			75	0192	778		NAME OF	SERVICE AND
g	Other expenses	8g	Name of the last o		0	PS/EN				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					82,754			
	Net income (loss) (subtract line 8h from line 8c)	8i							(79	,725)
L	Transfers to (from) the plan (see instructions)	8j			0	1		69 JUL		BE EQUAL
P	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Cl	harac	terist	ic Cod	les in th	ne instru	ictions:	
_	2E 2F 2G 2J 2T 3D		15 1 1 1 1 1 1		230		7.			
þ	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	aracte	eristic	Code	s in the	instruc	tions:	
	art V Compliance Questions			_		1	Distriction 1			
10	During the plan year:				Yes	No	N/A		Amoun	ıt .
ê			1 m. 10 m.							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10a		x	150			
-	Program) Were there any nonexempt transactions with any party-in-interest			IVa			45/20/00			
	reported on line 10a.)			10b		х			ge .	12.0
-	Was the plan covered by a fidelity bond?	***********	***************************************	10c	X		300			350,000
-	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-	200	10d		х				
	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	the benefits under	10e		x				
38	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		х	1			
						х				
				10h		x				
_	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i.			100 To			
_				لت			1	-		