

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan CHICAGO GLUE MACHINE & SUPPLY CO. INC. PROFIT SHARING PLAN & TRUST		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	12/15/2002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHICAGO GLUE MACHINE & SUPPLY 750 BAKER ITASCA, IL 60143		2b Employer Identification Number (EIN)	36-3304112
		2c Sponsor's telephone number	630-625-1105
		2d Business code (see instructions)	512100
3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. CHICAGO GLUE MACHINE & SUPPLY 750 BAKER ITASCA, IL 60143		3b Administrator's EIN	36-3304112
		3c Administrator's telephone number	630-625-1105
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5a Total number of participants at the beginning of the plan year		5a	27
b Total number of participants at the end of the plan year		5b	34
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		5c(1)	27
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c(2)	34
d(1) Total number of active participants at the beginning of the plan year		5d(1)	21
d(2) Total number of active participants at the end of the plan year		5d(2)	25
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		5e	

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2025	NIREL INMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** 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.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2774603	3368292
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2774603	3368292
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	53983	
(2) Participants	8a(2)	144203	
(3) Others (including rollovers)	8a(3)	115725	
b Other income (loss)	8b	298717	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		612628
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	18939	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		18939
i Net income (loss) (subtract line 8h from line 8c)	8i		593689
j Transfers to (from) the plan (see instructions)	8j		

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 2G 2J
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:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		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?	10d		X	
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.)	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 as of year-end.)	10g	X		136913
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a 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 the control of the PBGC? Yes No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

Print or Type	Name CHICAGO GLUE MACHINE & SUPPLY CO. INC.	Identifying number 36-3304112
	Number, street, and room or suite no. (If P.O. box, see instructions.) 750 N. BAKER DRIVE	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) ITASCA, IL 60143	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for. 25

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here.
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here.
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here.
- 5 a The application is for calendar year 20 24, or tax year beginning _____, 20 __, and ending _____, 20 __.
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions – attach explanation.)

6 Tentative total tax	6	0.
7 Total payments and credits. See instructions	7	0.
8 Balance due. Subtract line 7 from line 6. See instructions	8	0.

**CORPORATION BUSINESS TAX
APPLICATION FOR EXTENSION
OF TIME TO FILE WORKSHEET**

CBT-200-TS

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit www.njtaxation.org and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit www.nj.gov/treasury/revenue/eft1.shtml

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

DO NOT CUT THIS PAGE – DO NOT MAIL – FOR REFERENCE ONLY

NJCA1101L 01/09/25

Corporation Business Tax Application for Extension of Time to File Worksheet
CBT-200-TS

Beginning 01/01/2024 and ending 12/31/2024

1032 2024
36-3304112

CHIC

CHICAGO GLUE MACHINE & SU
750 N. BAKER DRIVE
ITASCA, IL 60143

1	Estimated Corporation Business Tax	1	750.00
2	Installment Payment (50% of Line 1)	2	375.00
3	Key Corporation AMA	3	00
4	Tentative Professional Corporation Fee	4	00
5	Installment Payment for PC Fee (50% of Line 4)	5	00
6	Total Tax and Fee Due	6	1125.00
7	Less Payment to Date	7	00
8	Balance Due (Line 6 minus Line 7)	8	1125.00

**REFERENCE
ONLY**

▼ cut here ▼

2024 Form Corp-ES

Wisconsin Corporation Estimated Tax Voucher

- ▶ Use this form only if your taxable year begins in 2024
- ▶ Do not staple or attach this voucher to your payment or return.
- ▶ Go to www.revenue.wi.gov/pay for electronic payment options.

Make check payable to and mail to:

Wisconsin Department of Revenue
Box 3028
Milwaukee WI 53201-3028

WICZ0401L 11/07/24

Person to contact regarding payment: NIREL INMAN

Phone number: 630-250-0700

DO NOT FILE -- FOR EF ONLY

This estimated tax payment is for:

- 2024 calendar year
 Fiscal year beginning _____
 Short taxable year
beginning _____; ending _____

Payments are due by the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year, and for corporations receiving extensions, by the 15th day of the 4th month after the end of the taxable year. Exception: For fiscal years beginning in April, the first estimated tax payment is due June 15th.

Amount of Payment \$ 25 .00

Federal Employer ID Number		
363304112		
Entity Name		
CHICAGO GLUE MACHINE & SUPPLY CO. INC.		
Number and Street		
750 N. BAKER DRIVE		
City	State	Zip Code
ITASCA	IL	60143

Intuit DC-045 (R. 9-24)

PER WISCONSIN GUIDANCE, BUSINESS TAXPAYERS ARE REQUIRED TO MAKE TAX PAYMENTS ELECTRIC FOR PROFESSIONAL / PAID PREPARER SOFTWARE, IF PAYMENTS ARE NOT MADE VIA THE SOFTWARE THEN PAYMENTS SHOULD BE MADE VIA WISCONSIN'S MY TAX ACCOUNT AT [HTTPS://WWW.REVENUE.WI.GOV](https://www.revenue.wi.gov)