	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employee			2010			
Department of Labor Retirement Income Security Ad				(ERISA), and section 6058(a) of the Code (the Code).	This Form is Open to Public				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55						Inspection 00-SF.			
	Part I Annual Report Identification Information								
_		single-employer plan		g	2/31/2				
	This return/report is for:	first return/report	final retur	mployer plan (not multiemployer)		one-participant plan			
D	This return/report is for:	an amended return/report		vear return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	•	extension	DFVC program				
•		special extension (enter descriptio							
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation						
	Name of plan				1b	Three-digit			
CHIC	AGO AUTOMOBILE TRADE A	SSOCIATION 401(K) PLAN				plan number (PN) ▶ 002			
					1c	Effective date of plan 07/01/2003			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 36-0896250			
	200 BUTTERFIELD ROAD	SOCIATION			2c	Plan sponsor's telephone number 630-495-2282			
	BROOK TERRACE, IL 60181-4	310			2d	Business code (see instructions) 441229			
3a CHIC	Plan administrator's name and AGO AUTOMOBILE TRADE A	address (if same as Plan sponsor, er SSOCIATION 18W200 BUT	nter "Same	e") D ROAD	3b	Administrator's EIN 36-0896250			
		OAKBROOK	TERRACE	E, IL 60181-4810	3c	Administrator's telephone number 630-495-2282			
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
name, EIN, and the plan number from the last return/report. Sponso					4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	10			
b	Total number of participants at	the end of the plan year			10				
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	10			
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No			
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No			
	,	er 6a or 6b, the plan cannot use Fo		,					
Pa	rt III Financial Informa	ation	[	I					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year 739260			
a b		an assets			0				
c		ies <b>7b</b> (subtract line 7b from line 7a) <b>7c</b> 60795			9 739260				
8	Income, Expenses, and Transf	·		(a) Amount		(b) Total			
а	Contributions received or recei	vable from:	- (1)	37825					
			8a(1) 8a(2)	24130	_				
			8a(3)	C					
b	., ,		8b	79448					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			141403			
d		ollovers and insurance premiums	8d	C					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	C					
f	•	s (salaries, fees, commissions)	8f	10102	_				
g			8g	C		40400			
h :		3e, 8f, and 8g)	8h		-	10102			
i	( ) ( )	e 8h from line 8c) e instructions)	8i o:			101001			
,		,	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Plan Characteristics Part IV

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2G 2J 2K 2T 2A 2E 2F 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:		Yes	No	A	mount		
а	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)			Х				
b				х				
С	Was the plan covered by a fidelity bond?	10c	Х				100000	
d								
е				x				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				6506	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
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								
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 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
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								
lf y	ou 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								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?							
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		11		
b	<ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?</li></ul>							
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.)								
1	Bc(1) Name of plan(s):		130	:(2) EII	N(s)	13c(3)	<b>)</b> PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable		ise is i	establi	shed			

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	Filed with authorized/valid electronic signature.	07/18/2011	DAVID SNYDER
HERE	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

Benefit Plan           Description of the provide the field or and 4055 of the Employee The terms all works do the field or and 4055 of the Employee The terms all works and the provide the field or and 4055 of the Employee The terms all works and the provide the field of the field or and and the field of the		Form 5500-SF Short Form Annual Return/Report of Small Empl					OMB Nos. 1210-0110 1210-0089			
Description of table         Description of table         This Form is Open to Public Integret/on           Preview and diverse Carsent         - Complete all entries in accordance with the instructions to the Form 5500-57.         This Form is Open to Public Integret/on           Preview and diverse Carsent         - Complete all entries in accordance with the instructions to the Form 5500-57.         This Form is Open to Public Integret/on           Preview and diverse Carsent         - Complete all entries in accordance with the instructions to the Form 5500-57.         This Form is Open to Public Integret/on           Preview and diverse Carsent         - Complete all entries in accordance with the instructions to the Form 5500.         - Complete all entries in accordance with the instructions to the Form 5500.           B This return/eport is for:         - State Adverted all entries in accordance with the instructions (less than 12 months)         DEVC program           C Check box if fing under:         - Form 5606.         - Complete all entries entries on the form 500.         DevC program           C Check box if fing under:         - Form 500.         - Complete all entries entries on the form 500.         DevC program           C Check box if fing under:         - Form 500.         - Complete all entries entries on the form 500.         DevC program           C Check box if fing under         - Form 500.         - Complete all entries entries on the form 500.         DevC program           C Adverised to the							2010			
Part III         Complete all entrifes in accordance with the instructions to the Form 550e-SF.           Part III         A main accordance plan year 2010 of facat plan year beginning         01/01/2010         and ending         12/31/2013           A This return/report is for:         If finit is the second plan year 2010 of facat plan year beginning         01/01/2010         and ending         12/31/2013           C Check box (f filing under:         If finit is the second plan year from the plan is the second plan (filing under:         If finit return/report         If finit return/report         If finit return/report           Part III:         Basic Plan Information -enter all requested information         If The exclust deal of plan         00.2           Part III:         Basic Plan Information-enter all requested information         If The exclust deal of plan         00.2           III:         C Elocido and plan plan plan the second plan         0.2         If The exclust deal of plan           III:         C Elocido and plan plan the second plan         0.2         If The exclust deal of plan           III:         C Elocido and plan plan the second plan         0.2         If The exclust deal of plan           III:         C Elocido and plan the second plan         0.2         If The exclust deal of plan           III:         C Elocido and plan the second plan         0.2         If The exclust deal on the second pl	Department of Labor Retirement Income Security A				(ERISA), and section 6058(a) of the					
The realing plan year 2010 or filted plan year beginning       0.17.01/2010       and ending       0.12.72.010         A This return/report is for:       Instructur/report       Instructur/report       one-patidopant plan         B This return/report is for:       Instructur/report       Instructur/report       Instructur/report         B A This return/report is for:       Instructur/report       Instructur/report       Instructur/report         B A Aministructur is return/report is for:       Instructur/report       Instructur/report       Instructur/report         C Check box if filing under:       Special activity is special actin actin activity is special activity is special activ	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5						0-SF.			
A The return/report is for:          a single-amployer plan         multiple-amployer plan         multiple-amployer plan         multiple-amployer plan         mane define         C. Check box if filing under:           mane and return/report           mane define           mane define           mane define           more define           DPVC program           DPVC program           DO2           DPVC program           DO2           DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO2         DO				170170		• • • • • • • •	1070170010			
A this tellum/teport is for:       Inst return/report       Inst return/report       Inst return/report         B This return/report is for:       Inst return/report       Inst return/report       IDEVC program         Spacial extension (onter description)       Spacial extension (onter description)       IDEVC program         Spacial extension (onter description)       Spacial extension (onter description)       IDEVC program         Spacial extension (onter description)       Spacial extension (onter description)       IDEVC program         Spacial extension (onter description)       IDEVC program       IDEVC program         Space (IR)       France digit pin number (onter description)       Color (Color extension)       Color (Color extension)         Space (IR)       France digit pin number (onter description)       Color (Color extension)       Color (Color extension)         Space (IR)       France digit pin number (onter description)       Color (Color extension)       Color (Color extension)         Space (IR)       France digit pin number (color extension)       Color (Color extension)       Color (Color extension)         Space (IR)       France digit pin number (color extension)       Color (Color extension)       Color (Color extension)         Space (IR)       Gold (Color extension)       Color (Color extension)       Color (Color extension)         Space (IR)       Gold		R								
C Check box if tilling under:       an amended return/report       short plan year return/report (less than 12 months)         C Check box if tilling under:       peneid extension (enter description)         Part M:       Basic Plan Information—enter all requested Information         1a Name of plan       Chick box if tilling under:       1b Thise-digit (PN) b         C OL(R) PLAN       1b Thise-digit (PN) b       002         C (LCKO) ADTOMOBILE TRADE ASSOCIATION       1b Thise-digit (PN) b       002         C (LCKO) ADTOMOBILE TRADE ASSOCIATION       2b Employer (destification Number (EUN) b       002         ASSOCIATION       2b Employer (destification Number (EUN) b       002         ASSOCIATION       2b Employer (destification Number (EUN) b       002         C Administrator's explore number (DAL)       0AKABROK, TERRACE       1L 60181-4610         A Ministrator's explore number (DAL)       3c Administrator's telephone number (DAL)         A gag administrator's explore number (DAL)       3c Administrator's telephone number (DAL)         A det the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report filed for this plan, enter the name, EN, and the plan wear.       5a       10         Ca Indume of participants at the dorin the plan year.       5a       10							one-participant plan			
C Check box if filing under:       Form 5558       automatic extension       DPVC program         Paint III:       Basic Plan Information—enter all requisited information       10       Three-digit plan number (PR) by 002         1a Name of plan       CHICAGO AUTOMOBILE TRADE ASSOCIATION       002       10       Three-digit plan number (PR) by 002         401 (K) PLAN       CHICAGO AUTOMOBILE TRADE ASSOCIATION       002       10       Three-digit plan number (PR) by 002         2a Plap agocsor's camp and address (Employer, # for single-employer plan)       ASSOCIATION       2b Employer (Stathistator's CHICAGO AUTOMOBILE RAALEDED)         3ASSOCIATION       2b Employer (Stathistator's name end eddress (# same as Plan sponsor, enter "Same")       3b Admistrator's EIN         3a Plan administrator's name end eddress (# same as Plan sponsor, enter "Same")       3c Administrator's EIN       3c Administrator's EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4d EIN         6a Total number of participants at the beginning of the plan year.       5d       10       5d       10         6a Wore all of participants with account balances as of the end of the plan year (defined benefit plans do not long plan the set of the plan year (method constitutors).       EV res   No       No         7 Plan Asasta and Labilities       7a	В	This return/report is for:			•	the)				
Part III*         Basic Plan Information — ener all requested information         In Name of plan         CHICAGO AUTOMOBILE TRADE ASSOCIATION         COLD (K) PLAN         The Effective date of plan         COLORD         CHICAGO AUTOMOBILE         TRADE ASSOCIATION         CHICAGO AUTOMOBILE         TRADE ASSOCIATION         CHICAGO AUTOMOBILE         TRADE ASSOCIATION         CHICAGO AUTOMOBILE         TRADE ASSOCIATION         COLORD         Second Anno Anno Anno Anno Anno Anno Anno A	~			-	-	uns)				
IPart II/       Basic Plan Information—enter all requested information       1b       Three-digit         (A) Rame of plan (C) EICASO AUCONOPTILE_TRADE_ASSOCIATION 401 (K)_PLAN       1b       Three-digit plan number (PN)       002         2a       Plap appropring and address (employer, if for single-employer plan) ASSOCIATION       2b       Employer identification Number (EIN) 35 - 08 26230         2b       Employer identification Number (EIN) 35 - 08 26230       2c       Plap appropriation Number (EIN) 35 - 08 26230         3a       Plan explores tempore tempore identification Number (EIN) 35 - 08 26230       2c       Plap appropriation Number (EIN) 35 - 08 26230         3a       Plan explores tempore identification Number (EIN) 42 22       3b       Administrator's telephone number (EIN) 42 22         3a       Plan explores tempore interviews (EIN) 42 22       3b       Administrator's telephone number (EIN) 42 22         3a       Plan explore of participants at the end of the plan year.       5a       10         4       the name of participants at the end of the plan year.       5a       10         5a       10       10       5b       10         6a       Were all of the plan sest during the plan year invested in allogible assets? (Sec instructions)       Ker No         5b       10       10       5b       10         6a       Total number of	C									
1a Name of plan CRECAGO AUTOMOBILE: TRADE ASSOCIATION 401 (K) PLAN       1b Trace-digit plan number (PN) b       002         2a Plan segme of AUTOMOBILE: TRADE ASSOCIATION 401 (K) PLAN       1c Enciptic data of plan 07/01/2003       002         2a Plan segme of AUTOMOBILE: TRADE ASSOCIATION 401 (K) PLAN       1c Enciptic data of plan 07/01/2003       002         2a Plan segme of AUTOMOBILE: TRADE ASSOCIATION ASSOCIATION       2b Enciptic data of plan 07/01/2003       002         3a Regn administrator's name and address (fisme as Plan sponsor, enter "Same")       3b Administrator's EIN       3c Administrator's telephone number (EN) 350-000 (see instructions)         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for the last return/report. Sponsor's name       4p EIN         5a Total number of participants at the beginning of the plan year.       5a 100       5b 300         5a Total number of participants at the add the plan year.       5a 100       5c 100         5a Were all of the plan's assets during the plan sponsor numer invested in eligible assets? (See instructions).       2f Yes No         5a Are plan number of participants with account balances as of the end of the plan year (defined benefit plans do not complete ins team)       5a 100         5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete ins team)       5a 100         5a Are plan number of participants athe	D									
CBICAGO AUTOMOBILE TRADE ASSOCIATION       plan number         (01 (K) 2LAN       plan number         222 Plan sponsor a participants and address (employer, if for single-employer plan)       22         ASSOCIATION       22         18W20C BUTTERFIELD ROAD       22         OARBROOK TERRACE       11         630 (495-2282)         33 glign administrator's neme end eddress (if same as Plan sponsor, enter "Same")       33         34 fifthe name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, end the plan number of participants at the beginning of the plan year.       36         54       Total number of participants at the beginning of the plan year.       5a         56       Total number of participants at the beginning of the plan year.       5a         56       100         57       Total number of participants at the beginning of the plan year.       5a         56       100         57       Total number of participants at the plan year.       5a         56       100         57       70       20         68       Total number of participants at the plan year.       5a         50       70       50         56       100       50         57       77       607	Linter		Hatton enter all requested informa	ation		1b	Three-digit			
401 (K)       PLAN         1c       Effective date of plan         2a       Plan sponsor's name and address (employer, if for single-employer plan)         ASSOCIATION       2b         18W200       BUTTERFIELD         OAKBROOK       TERRACS         3a       Plan sponsor is lephone number         (E)N 36-0295220       2d bulness code (see instructions)         3a       Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b         3b       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for participants at the edining of the plan year       3b         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for participants at the edin file plan year       5a         5a       Total number of participants at the beginning of the plan year       5b       10         5a       Total number of participants at the addithe plan year invested in eligible assets? (See instructions)       Se (PN         6a       Are yot claiming a water of the nume array every eligibility and conditions)       Se (PN         6a       Total number of participants as the plan cannot use Form 5500.       Part III       Filmanical Informat			TRADE ASSOCIATION				plan number			
2a       Ejas asogaor's neme and addresa (employer, if for single-employer plan) ASSOCIATION       2b       Employer detainfication Number (EIN) 36-0896250         2b       Employer detainfication Number (EIN) 36-0896250       2c       Plan ponor's detainfication Number (EIN) 36-0896250         0AKBROOK TERRACE       IL       60181-4810       2d       2d       Designes code (see instructions) (41229)         3a       Egan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's telephone number (sol) 495-2282         3a       Elan administrator's name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last terturn/report. Sponsor's name       4b       EIN         5a       Total number of participants at the edginning of the plan year.       5a       10         5a       Total number of participants at the edginning of the plan year (defined benefit plans do not compilet this fem).       Sb       100         6a       Were all of the plan sasets during the plan year invested in eligible assets? (See instructions).       Size       Yes       No         7       Plan Assets and Liabilities       7a       607, 959       739, 260         7       Plan Assets and Liabilities       7a       607, 959       739, 260         7       Plan Assets and Liabilitize       7a		401(K) PLAN			-					
CHICAGO AUTONOSILE TRADE       Image: Construction of the plan sponsor, enter "Same")       Image: Construction of the plan sponsor, enter "Same")         ASSOCIATION       Image: Construction of the plan sponsor, enter "Same")       Image: Construction of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       Image: Construction of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       Image: Construction of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       Image: Construction of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the end of the plan sponsor is name       Image: Construction of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number of participants with account balances as of the end of the plan sponsor is name       Image: Construction of the plan sponsor has changed since the end of the plan sponsor is name       Image: Construction of the plan sponsor has changed since the end of the plan sponsor is name       Image: Construction of the plan sponsor has changed since the end of the plan sponsor is name       Image: Construction of the plan sponsor has changed since the end of the plan sponsor is name       Image: Construction of the plan sponsor has changed since the end of the plan sponsor is name       Image: Construction of the plan sponsor is name       Image: Consthe plan sponsor is name       Imag										
ASSOCIATION       2c Plan sponsor's telephone number         18W200 BUTTERFIELD ROAD       2d Business code (see instructions)         0AKBROOK TERRACE       IL 60181-481C         3a Pigm administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year.       5a 100         5b Total number of participants at the beginning of the plan year.       5a 100         5c Total number of participants at the beginning of the plan year.       5a 100         5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this frem).       Yes No         6a Wer all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes No         9 Vers II of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes No         9 Vers II of the plan sassets during the plan year invested in eligible assets? (See instructions.)       Yes No         9 Are you claiming a weiver of the annual erop of an independent qualified public accountent (IOPA)       Yes No         9 Vers II of the plan sassets       7a 6077, 959       739, 260         9 Total plan	2a	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number			
16W200 BUTTERFIELD ROAD     (630) 495-2282       OAKBROOK TERRACE     TL 60181-4810       3a Plan administrator's name and address (if same as Plen sponsor, enter "Same")     3b Administrator's EIN       3d If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number for the plan year.     4b EIN       5a Total number of participants at the beginning of the plan year.     5a     10       5a Total number of participants at the examination and report of an independent qualified public accountant (iQPA)     By Yes [] No       6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     By Yes [] No       b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (iQPA)     By Yes [] No       Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       7 Plan Assets and Liabilities     7a     607, 959     739, 260       7 Cotal plan isestic subtract line 7b from line 7b, for line 7b, form lin			TRADE		-	0				
OAKBROOK TERRACE       IL       60181-4810       44 223         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN       3c Administrator's EIN         3c Administrator's name and address (if same as Plan sponsor, enter "Same")       3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year.       5a       10         5b 100       5b 100       5b       10         5c C total number of participants at the end of the plan year.       5a       10         5c Marce and of the plan's assets during the plan year invested in eligible assets? (See instructions)       Sec       10         5c Marce and of the plan's assets during the plan year invested in eligible assets? (See instructions)       Sec       10         6a Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions)       Sec       10         7a Total number of participants at the end of the plan year invested in eligible assets? (See instructions)       Sec       10         7a Total number of participants       Sec       10       Sec       10         7a Total plan issets       Sec       10       10 <t< th=""><th></th><th></th><th></th><th></th><th></th><th>2C</th><th></th></t<>						2C				
Ja Plan administrator's name and address (if same as Plan sponsor, enter "Same")       Jb CODU 1000         Ja Plan administrator's talephone number       Jb Administrator's EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       Jb EIN         5a Total number of participants at the beginning of the plan year       5a       10         5b Total number of participants at the end of the plan year       5a       10         5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Sb       10         5c Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xers Scouts       Xers Scouts         7 Plan Assets and Llabilities       Yes       No         7 Plan Assets and Llabilities       7a       607, 959       739, 260         7 Total plan issets (subtract line 7b from line 7a)       7c       607, 959       739, 260         8 Income, Expenses, and Transfers for this Plan Year       6a(3)       0       0         9 Other Income (loss)       8b       79, 448       141, 403         9 Cher kincome (loss)       8a(2)       24, 130       141, 403         9 Other Incoreal (lose Ba(1), Ba(2), Ba(3), and Bb)       8c			KOAD			2d				
3c Administrator's telephone number       4     If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name     4b EIN       5a Total number of participants at the beginning of the plan year.     5a     10       5a Total number of participants at the beginning of the plan year.     5a     10       c Total number of participants at the end of the plan year.     5a     10       c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     5c     10       Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     5c     10       b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)     Xere I No       under 29 GFR 2520.104-67 (See instructions on waiver eligibility and conditions.).     Xere I No     Xere I No       f Y dual massets     7a     607, 959     739, 260       D Total plan essets     7a     607, 959     739, 260       D Total number (not ine 7a).     7c     607, 955     739, 260       D Total plan assets (subtract line 7b from line 7a).     7c     607, 955     739, 260       B Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       C Contributions received or receivable from	- 20		address /if same as Plan anapast of	ntor "Som		3h				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year.       5a       10         5a       Total number of participants at the end of the plan year.       5a       10         5a       Total number of participants at the end of the plan year.       5a       10         5a       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       10         6a       Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c       10         6a       Ware all of the plan's assets during the plan cannot use Form 5500.       Yes   No       Yes   No         My ou answered 'No' to either 6a or 6b, the plan cannot use Form 5500.       Part NII       Financial Information       Yes / Yes   No         7       Plan Assets and Liabilities       7a       607, 959       739, 260         b       Total plan isbilities       7a       607, 959       739, 260         b       Total plan assets       7a       607, 959       739, 260         b       Total plan assets       7a       607, 959       739, 260	ગ્વ	SAME	audiess (il same as man sponsor, ei	inter Gaint	- )	55	Auministrator's Ein			
name, EIN, and the plan number from the last return/report. Sponsor's name     4c     PN       5a     Total number of participants at the beginning of the plan year						3c	Administrator's telephone number			
name, EIN, and the plan number from the last return/report. Sponsor's name     4c     PN       5a     Total number of participants at the beginning of the plan year	4	f the name and/or FIN of the pla	in sponsor has changed since the las	st return/re	port filed for this plan enter the	4b FIN				
5a       Total number of participants at the beginning of the plan year										
b       Total number of participants at the end of the plan year.       5b       10         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       10         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 walver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         Plant Assets and Liabilities       (a) Beginning of Year       (b) End of Year       7a       607, 959       739, 260         b       Total plan assets (subtract line 7b from line 7a)       7c       607, 959       739, 260       607, 959       739, 260         8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       (b) Total         10       Contributions received from:										
c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       10         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Second	-									
complete this item)       5c       10         6a       Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xe you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         e       Yes       No       Yes       No         Part III       Financial Information       Yes       No         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         7 total plan assets       7a       607, 959       739, 260         b       Total plan ilabilities       7c       607, 959       739, 260         b       Total plan assets (subtract line 7b from line 7a)       7c       607, 959       739, 260         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       37, 825         (2)       Participants       8a(2)       24, 130       24, 130         (3)       Other income (dod lines 8a(1), 8a(2), 8a(3), and 8b)       8c       141, 403         b       Drorecitive			, <b>.</b>			<u>}</u> 10				
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)         Part JII       Financial Information       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)         Part JII       Financial Information       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)         7       Plan Assets and Liabilities       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)         7       Plan Assets and Liabilities       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)         8       Income, Expenses, and Transfers for this Plan Year <th>C</th> <th></th> <th></th> <th></th> <th></th> <th>5c</th> <th>10</th>	C					5c	10			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       M       Yes       No         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       607, 959       739, 260         b Total plan liabilities       7c       607, 959       739, 260         c Net plan assets (subtract line 7b from line 7a)       7c       607, 959       739, 260         6       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       37, 825       (2)         (2) Participants       8a(2)       24, 130       36       0         (3) Others (including rollovers)       8a       8b       79, 448       141, 403         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0       141, 403         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0       0         e Certain deemed and/or corrective distributions (see instructions)       8e       0       0       141, 403         g Other expenses										
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       607, 959       739, 260         b Total plan liabilities       7b       0       0         c Net plan assets (subtract line 7b from line 7a)       7c       607, 959       739, 260         8 income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       37, 825         (2) Participants       8a(2)       24, 130         (3) Others (including rollovers)       8a       30       0         b Other income (loss)       8b       79, 448       141, 403         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0       141, 403         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8e       0       0         e Certain deemed and/or corrective distributions (see instructions)       8e       0       0       141, 403         g Other expenses       8g       0       0       10, 102       0         f Administrativ										
Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       607,959       739,260         b Total plan liabilities       7b       0       0         C Net plan assets (subtract line 7b from line 7a)       7c       607,959       739,260         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       37,825       (a) Amount       (b) Total         (2) Participants       8a(1)       37,825       (a) O       (b) Total         (3) Others (including rollovers)       8a(3)       0       0       0         b Other income (loss)       8b       79,448       141,403         c Certain deemed and/or corrective distributions (see instructions)       8c       141,403         c Certain deemed and/or corrective distributions (see instructions)       8c       0       141,403         g Other expenses       6g       0       0       10,102         g Other expenses       8g       0       10,102       10,102										
a Total plan assets       7a       607,959       739,260         b Total plan liabilities       7b       0         c Net plan assets (subtract line 7b from line 7a)       7c       607,959       739,260         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       37,825         (2) Participants       8a(2)       24,130         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       79,448         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       141,403         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         f Administrative service providers (salaries, fees, commissions)       8f       10,102         g Other expenses.       8g       0       10,102         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,102	Pa									
b       Total plan liabilities       7b       0         c       Net plan assets (subtract line 7b from line 7a)       7c       607,959       739,260         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       (a) Amount       (b) Total         (1)       Employers       8a(1)       37,825         (2)       Participants       8a(2)       24,130         (3)       Others (including rollovers)       8a(3)       0         b       Other income (loss)       8b       79,448         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       141,403         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       10,102         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,102	7	Plan Assets and Liabilities								
C       Net plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	607,95	9	739,260			
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       37,825         (1)       Employers       8a(1)       37,825         (2)       Participants       8a(2)       24,130         (3)       Others (including rollovers)       8a(3)       0         b       Other income (loss)       8b       79,448         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       141,403         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         f       Administrative service providers (salaries, fees, commissions)       8f       10,102         g       Other expenses       8g       0       10,102         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,102	b	• • • • • • • •		7b		0				
a Contributions received or receivable from:       37,825         (1) Employers       8a(1)       37,825         (2) Participants       8a(2)       24,130         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8a(3)       0         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       141,403         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       10,102         g Other expenses       8g       0       10,102         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,102				7c		9				
(1) Employers       37,825         (2) Participants       8a(1)       37,825         (3) Others (including rollovers)       8a(2)       24,130         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       79,448         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       141,403         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       10,102         g Other expenses       8g       0       10,102         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,102	_	· · ·		1000 CONTRACTOR	(a) Amount	0.5	(b) Total			
(3) Others (including rollovers)	a			8a(1)	37,82	5				
b       Other income (loss)		(2) Participants		8a(2)	24,13	<u>]</u>				
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       141, 403         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       10, 102         g       Other expenses       8g       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10, 102		(3) Others (including rollovers)	)	8a(3)		<u>ן</u>				
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	79,44	8				
to provide benefits)	C	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			141,403			
e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       10,102         g Other expenses	d			84		0				
f       Administrative service providers (salaries, fees, commissions)       8f       10,102         g       Other expenses	e	. ,				0				
g         Other expenses         8g         O           h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         10, 102	f				10,10	2				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g	•								
	ĥ	•					10,102			
i Net income (loss) (subtract line 8h from line 8c)	i						131,301			
j Transfers to (from) the plan (see instructions)	j	Transfers to (from) the plan (se	ee instructions)	8j						

i

1

3. E

Form 5500-SF 2010

Part IV **Plan Characteristics** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2A 2F2G 2J 2K 2T3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: h Part V **Compliance Questions** 10 During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in a Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on line 10a.)..... 10b 10c С Was the plan covered by a fidelity bond?..... Х 100,000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud d Х or dishonesty? ..... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) Has the plan failed to provide any benefit when due under the plan? ..... f Х 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... g Х 10a 6,506 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h ì 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 Yes 5500))..... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... 12 Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling а Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c c Enter the amount contributed by the employer to the plan for this plan year..... 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 12d negative amount) ..... Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Plan Terminations and Transfers of Assets Part VII Yes 🕅 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?..... 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 the control Yes X No of the PBGC?..... 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(2) EIN(s) 13c(1) Name of plan(s): 13c(3) PN(s) 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//

Page 2-

The procession of the second	///	
AL VIA	5/11/11	
SIGN Jun Vin	/1///	
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
upustra, signiture		• · · · · · · · · · · · · · · · · · · ·
HERE Signature of employer/plan sponsor	D-4-	The second of individual significance and such as the second
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor