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 section 6058(a) of the Internal Revenue Code (the Code).

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

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 07/01/	2010	and ending	06/30/2	2011			
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retu	n/report					
	an amended return/report	short plai	n year return/report (less than 12 m	onths)				
С	Check box if filing under: Form 5558	automatic	extension	DFVC program				
	special extension (enter description)							
Pa	Int II Basic Plan Information—enter all requested inf	<u>'</u>						
	Name of plan	Officialion		1b	Three-digit			
	AGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PL	.AN			plan number 001			
					(PN) ▶			
				1c	Effective date of plan 07/01/1966			
2a	Plan sponsor's name and address (employer, if for single-employer	over plan)		2h	Employer Identification Number			
	AGO AUTOMOBILE TRADE ASSOCIATION	by Cr plair)			(EIN) 36-0896250			
4.0\\\	200 PULTTERFIELD DD			2c	Plan sponsor's telephone number			
	200 BUTTERFIELD RD. BROOK TERRACE, IL 60181-4810			24	630-495-2282			
				Zu	Business code (see instructions) 813000			
3a	Plan administrator's name and address (if same as Plan sponsor AGO AUTOMOBILE TRADE ASSOCIATION 18W200	or, enter "Sam	e")	3b	Administrator's EIN			
CHIC			D RD. E, IL 60181-4810	_	36-0896250			
				3C	Administrator's telephone number 630-495-2282			
4	f the name and/or EIN of the plan sponsor has changed since th	e last return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Spo	onsor's name		4.				
5 0	Total growth as of a patient party of the harmonic of the plan year			4c				
	Total number of participants at the beginning of the plan year				8			
b	Total number of participants at the end of the plan year			5b	•			
С	Total number of participants with account balances as of the er complete this item)		•	5c				
6a	Were all of the plan's assets during the plan year invested in e				X Yes No			
b	Are you claiming a waiver of the annual examination and repor	t of an indepe	ndent qualified public accountant (IC	QPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligib	•	•		Yes No			
Pa	If you answered "No" to either 6a or 6b, the plan cannot us rt III Financial Information	se Form 5500-	SF and must instead use Form 5	500.				
7	Plan Assets and Liabilities		(a) Basinning of Vac		(b) End of Year			
-	Total plan assets	7a	(a) Beginning of Year	51	(b) End of Year 81694			
b h	Total plan liabilities			0	0			
C	Net plan assets (subtract line 7b from line 7a)		122526	61	81694			
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total			
a	Contributions received or receivable from:		, í	_	(2) 10 (2)			
	(1) Employers	8a(1)	6098	3				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)		22642	21				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				287404			
d	Benefits paid (including direct rollovers and insurance premium to provide benefits)		139513	8				
е	Certain deemed and/or corrective distributions (see instructions	s) 8e						
f	Administrative service providers (salaries, fees, commissions).	8f						
g	Other expenses	8g	3583	3				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1430971			
i	Net income (loss) (subtract line 8h from line 8c)	8i			-1143567			
	Transfers to (from) the plan (see instructions)	gi						

Form 5500-SF 2010	Page 2-

		•	
Part IV	Dian	(`haraci	arietice
I all IV	ı ıaıı	Ollaraci	เธาเอเเษอ

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G

b	If th	ne plan provides welfare benefits, enter the applicable welfare feature codes	from the I	List of Plan Chara	cterist	ic Co	des in t	he instruc	tions:		
art	: V	Compliance Questions									
0	Du	uring the plan year:				Yes	No		Amo	unt	
а	Wa	as there a failure to transmit to the plan any participant contributions within the 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correcti			10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not including 10a.)			10b		X				
С	W	as the plan covered by a fidelity bond?									
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, t dishonesty?									
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by surance service or other organization that provides some or all of the benefits structions.)	under the	e plan? (See	10e		X				
f	На	as the plan failed to provide any benefit when due under the plan?			10f		X				
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		X				
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i		10h was answered "Yes," check the box if you either provided the required no ceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
art		Pension Funding Compliance									
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes, 00))							X	Yes	No
2		this a defined contribution plan subject to the minimum funding requirements								Yes	X No
а	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in anting the waiver.									
lf :	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5 $$	500), and	d skip to line 13.		_	-				
b	b Enter the minimum required contribution for this plan year										
		ter the amount contributed by the employer to the plan for this plan year					12c				
	ne	btract the amount in line 12c from the amount in line 12b. Enter the result (en gative amount)				<u> </u>	12d	7			1
е	Wi	Il the minimum funding amount reported on line 12d be met by the funding de	adline?					Yes	N	lo	N/A
art	VII	Plan Terminations and Transfers of Assets									
3а	Ha	is a resolution to terminate the plan been adopted during the plan year or any	prior yea	r?						Yes	X No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this y	ear				13a				
	of :	ere all the plan assets distributed to participants or beneficiaries, transferred to the PBGC?								Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plan to nich assets or liabilities were transferred. (See instructions.)	another	plan(s), identify th	e plar	n(s) to			-		
1	3c(1) Name of plan(s):				13	c(2) EI	N(s)		13c(3)	PN(s)
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be as	sessed ı	unless reasonabl	e cau	se is	establ	ished.			
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare the shedule MB completed and signed by an enrolled actuary, as well as the elect is true, correct, and complete.	at I have	examined this retu	ırn/rep	ort, in	cludin	g, if applic			
CI C		Filed with authorized/valid electronic signature. 10/03/2011		JULIE DUNBAR							
SIG	N .										

SIGN	Filed with authorized/valid electronic signature.	10/03/2011	JULIE DUNBAR
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

SCHEDULE SB (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Actuarial Information Department of the Treasury

> This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Single-Employer Defined Benefit Plan

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

								ment to Form	5500 or							
Fo	cale	ndar p	lan year 2010	or fiscal plan	yea	r beginning 0	7/01/2010			а	and ending	g 06/30/2	2011	1		
				nearest dollar.												
•	Caut	ion: A	penalty of \$1	,000 will be as	ses	ssed for late filing o	of this repo	ort unless reas	onable ca	ause is es	stablished					
		of pla		RADE ASSOC	IAT	ION RETIREMEN	T PLAN				hree-digit an numbe	er (PN)		•	001	
										•					L	
С	Plan s	ponso	r's name as s	shown on line 2	2a c	of Form 5500 or 55	00-SF			D Em	nployer Ide	entification	n Nu	ımber ((EIN)	
				RADE ASSOCI						36-089	96250				` '	
E -	уре с	of plan:	X Single	Multiple-A		Multiple-B	F	Prior year pl	an size:	100 or	fewer	101-500		More t	than 500	
P	art I	В	asic Inforn	nation												
1			valuation dat		Mc	onth <u>07</u> [Day <u>01</u>	Year _	2010	_						
2	Ass	ets:									_					
	а	Mark	et value									2a				2094160
	b	Actua	arial value									2b				2094160
3	Fur	ding t	arget/participa	ant count break	kdo	wn			(1) N	lumber of	f participa	nts		(2)	Funding Targ	jet
	а	For i	etired particip	pants and bene	fici	aries receiving pay	ment	3a				0				0
	b	For t	erminated ve	sted participan	ts.			3b				1				971
	С	For a	active particip	ants:												
		(1)	Non-vested l	penefits				3c(1)								0
		(2)	Vested bene	fits				3c(2)								1985567
		(3)	Total active.					3c(3)				7				1985567
	d	Tota	I					3d				8				1986538
4	If th	e plar	is at-risk, ch	eck the box an	d c	omplete items (a) a	and (b)									
	а	Fund	ing target dis	regarding pres	crik	ed at-risk assumpt	tions					4a				
	b	Fund	ing target ref	lecting at-risk a	SSI	umptions, but disre ve years and disre	garding tra	ansition rule fo	or plans th	nat have b	been	4b				
5	Fffe											5				6.50 %
6												6				96981
			Enrolled Acti]					
	To the	best of rance wit	ny knowledge, the h applicable law a	e information supplie and regulations. In m	у ор	this schedule and accombinion, each other assumence under the plan.										
	SIGN IERI				_								(08/25/2	2011	
				Signa	atu	re of actuary				_				Date		
TIM	YHTC	A. BF	RUMBAUGH,	•						_				11-049	926	
NILE	S LA	NKFC	RD GROUP,		rint	name of actuary						Most rec		enrollm 74-936-	ent number -6200	
1500	NOF	RTH O	AK DRIVE		Fir	m name					Tele	phone nu	ımbe	er (inclu	uding area co	de)
			46563-0329													
				Ado	lres	ss of the firm				_						
		-	s not fully refl	ected any regu	ılat	ion or ruling promu	lgated und	der the statute	in comple	eting this	schedule	, check th	e bo	ox and	see	
ınstr	uction	IS														

Page	2-	1

7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior 35842	•					
33847	0					
year)	0					
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0					
9 Amount remaining (Item 7 minus item 8)	2 0					
10 Interest on item 9 using prior year's actual return of 8.79 %						
11 Prior year's excess contributions to be added to prefunding balance:						
a Excess contributions (Item 38 from prior year)	0					
b Interest on (a) using prior year's effective rate of6.68 %	0					
C Total available at beginning of current plan year to add to prefunding balance	0					
d Portion of (c) to be added to prefunding balance						
12 Reduction in balances due to elections or deemed elections						
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0					
Part III Funding percentages						
14 Funding target attainment percentage	103.45 %					
15 Adjusted funding target attainment percentage	105.42 %					
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce	109.71 %					
current year's funding requirement	%					
Part IV Contributions and liquidity shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (b) Amount paid by (c) Amount paid by (b) Amount paid by (c) Amount	paid by					
	employees					
01/04/2011 60983						
Totals ▶ 18(b) 60983 18(c)	0					
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:						
a Contributions allocated toward unpaid minimum required contribution from prior years	0					
b Contributions made to avoid restrictions adjusted to valuation date	0					
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date	59047					
20 Quarterly contributions and liquidity shortfalls:						
a Did the plan have a "funding shortfall" for the prior year?	Yes X No					
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes No					
C If 20a is "Yes," see instructions and complete the following table as applicable:						
Liquidity shortfall as of end of Quarter of this plan year						
(1) 1st (2) 2nd (3) 3rd (4) 4th						

Pa	rt V Assumptio	ons used to determine f	unding target and tar	aet n	ormal cost						
21	•	no asca to acternime	ananing target and targ	act III	ormai cost						
	a Segment rates:	1st segment: 4.26 %	2nd segment: 6.56 %		3rd segment: 6.70 %		N/A, full yield curve used				
	b Applicable month	(enter code)	<u> </u>			21b			2		
22	Weighted average ret	tirement age				22			65		
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	te				
Pa	rt VI Miscellane	ous items									
24	ŭ	nade in the non-prescribed act	•		•		· · -	d Yes	No		
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruc	ctions r	egarding required attac	hment		Yes	No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	nstructi	ons regarding required	attachment	×	Yes	No		
27											
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributi	ions f	or prior years						
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0				
29						29	0				
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus iter	n 29)		30			0		
Pa	rt VIII Minimum	required contribution	for current year								
31		djusted, if applicable (see insti				31			28352		
32	Amortization installme	ents:			Outstanding Bala	ance	Install	ment			
	a Net shortfall amorti	tization installment				0			0		
	b Waiver amortization	on installment				0			0		
33		approved for this plan year, en Day Year				33			0		
34	• •	ment before reflecting carryove				34			28352		
			Carryover balance		Prefunding bala	nce	Total b	alance			
35	Balances used to offs	set funding requirement		0		0			0		
36	Additional cash requir	rement (item 34 minus item 35)			36		-	28352		
37		ed toward minimum required co	,	,		37			59047		
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38			30695		
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over it	em 37)	39			0		
40	Unpaid minimum requ	uired contribution for all years.				40			0		

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 section 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

2010

This Form is Open to Public Inspection

Ear	calendar plan year 2010 or fiscal plan year beginning	7/01/2	010 and ending		06/30/201	1	
	circle employer plan		mployer plan (not multiemployer)		one-participar	nt plan	
Α.				ı	one participan	r. p.a	
B	This return/report is for:	final retur					
	an amended return/report	short plan	year return/report (less than 12 mon	ths)	r - 1		
C	Check box if filing under: Form 5558	automatic	extension		DFVC program	m .	
	special extension (enter description	on)					
Pa	art II Basic Plan Information—enter all requested inform	ation			•		
1a	Name of plan				Three-digit		
	CHICAGO AUTOMOBILE TRADE ASSOCIATION				plan number (PN) ▶	001	
	RETIREMENT PLAN		· · · · · · · · · · · · · · · · · · ·		Effective date of		
					07/01/1966		
30	Diagrams and address (employer if for single-employer	· nlan)		2b	Employer Identifi	cation Number	
	Plan sponsor's name and address (employer, if for single-employer CHICAGO AUTOMOBILE TRADE	pian,			(EIN) 36-0896	6250	
	ASSOCIATION		·	2c		elephone number	
	18W200 BUTTERFIELD RD.			24	(630) 495-2 Business code (s		
	ONUNDOOK MEDDAGE		IL 60181-4810		813000	see msu acuons)	
32	OAKBROOK TERRACE Plan administrator's name and address (if same as Plan sponsor, e	enter "Same		3b	Administrator's E	IN	
Ju	SAME		_				
			·	3c	Administrator's to	elephone number	
		-44:/	next filed for this plan, enter the	4b	EtN		
4	f the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso	st return/re or's name	port filed for this plan, enter the	40	EIIA		
	name, Life, and the plan named hear are last version appearance.		· ·	4c	PN		
5a	Total number of participants at the beginning of the plan year	5a	a				
b	Total number of participants at the end of the plan year	5b	ib				
C	Total number of participants with account balances as of the end of						
		c p.a ,	ear (delined peneili bians do not	_			
	complete this item)			5c	,	₩ v □ N-	
6a	complete this item)	ole assets?	(See instructions.)			X Yes No	
6a b	Complete this item)	ole assets?	(See instructions.)	 PA)		X Yes	
_	complete this item)	ole assets? an indeperand condition	(See instructions.)dent qualified public accountant (IQI ons.)	PA)			
b	complete this item)	ole assets? an indeperand condition	(See instructions.)dent qualified public accountant (IQI ons.)	PA)			
b Pa	Complete this item)	ole assets? an indeperand condition	(See instructions.)	PA)		X Yes No	
ь Ра 7	Complete this item)	ole assets? fan indeperand condition 5500-	(See instructions.)dent qualified public accountant (IQI ons.)	PA)		X Yes No	
Pa 7 a	Complete this item)	ole assets? fan indepe and condit form 5500-	(See instructions.)	PA)		Yes No of Year 81,694	
Pa 7 a b	Complete this item)	ole assets? fan indepeand condit orm 5500-	(See instructions.)	PA)		Yes No No of Year 81,694	
Pa 7 a b c	Complete this item)	ole assets? fan indepeand condit orm 5500-	(See instructions.)	PA)		X Yes No of Year 81,694 0 81,694	
Pa 7 a b c	Complete this item)	ole assets? fan indepeand conditions 5500- 7a 7b 7c	(See instructions.)	PA) 10. 11. 11. 11. 11. 11. 11. 11. 11. 11	(b) End	X Yes No of Year 81,694 0 81,694	
Pa 7 a b c	Complete this item)	ole assets? fan indepeand conditions 5500- 7a 7b 7c	(See instructions.)	PA) 10. 11. 11. 11. 11. 11. 11. 11. 11. 11	(b) End	X Yes No of Year 81,694 0 81,694	
Pa 7 a b c	Complete this item)	ole assets? fan indepeand conditions 5500- 7a 7b 7c	(See instructions.)	PA) 10. 11. 11. 11. 11. 11. 11. 11. 11. 11	(b) End	X Yes No of Year 81,694 0 81,694	
Pa 7 a b c	Complete this item)	ole assets? fan indepeand conditions 5500- 7a 7b 7c	(See instructions.) Indent qualified public accountant (IQI ons.) (a) Beginning of Year 1,225,26 (a) Amount 60,98	PA) 0. 11 0 11	(b) End	X Yes No of Year 81,694 0 81,694	
Pa 7 a b c	Complete this item)	ole assets? fan indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.)	PA) 0. 11 0 11	(b) End	Yes No of Year 81,694 0 81,694 otal	
Pa 7 a b c 8 a	Complete this item)	ole assets? fan indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) Indent qualified public accountant (IQI ons.) (a) Beginning of Year 1,225,26 (a) Amount 60,98	PA) 0. 11 0 11	(b) End	X Yes No of Year 81,694 0 81,694	
Part 7 a b c c 8 a b	Complete this item)	ole assets? fan indeperand conditions 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) Indent qualified public accountant (IQI ons.) (a) Beginning of Year 1,225,26 (a) Amount 60,98	PA) 0. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(b) End	Yes No of Year 81,694 0 81,694 otal	
Pa 7 a b c 8 a	Complete this item)	ole assets? fan indepe and conditions 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) Indent qualified public accountant (IQI ons.) (a) Beginning of Year 1,225,26 (a) Amount 60,98	PA) 0. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(b) End	Yes No of Year 81,694 0 81,694 otal	
Pa 7 a b c 8 a b c d d e	Complete this item)	ole assets? fan indeperand conditions 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) Indent qualified public accountant (IQI ons.) (a) Beginning of Year 1,225,26 (a) Amount 60,98	PA) 0. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(b) End	Yes No of Year 81,694 0 81,694 otal	
Part 7 a b c c d e f	Were all of the plan's assets during the plan year invested in eligith. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Firt III. Financial Information Plan Assets and Liabilities Total plan assets	ole assets? fan indeperand conditions 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) (See instructions.) (IQI ons.) (a) Beginning of Year 1,225,26 (a) Amount (a) Amount (1,395,138	2A) 00. 11 00 11	(b) End	Yes No of Year 81,694 0 81,694 otal	
Pa 7 a b c 8 a b c d e f g	Complete this item)	ble assets? fan indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) Indent qualified public accountant (IQI ons.) (a) Beginning of Year 1,225,26 (a) Amount 60,98	2A) 00. 11 00 11	(b) End	X Yes No of Year 81,694 0 81,694 otal	
Part 7 a b c c d e f	Complete this item)	ble assets? fan indeperand conditions 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) (See instructions.) (IQI ons.) (a) Beginning of Year 1,225,26 (a) Amount (a) Amount (1,395,138	2A) 00. 11 00 11	(b) End	X Yes No of Year 81,694 0 81,694 otal 287,404	
Pa 7 a b c 8 a b c d e f g	Complete this item)	ble assets? fan indeperand conditions form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) (See instructions.) (IQI ons.) (a) Beginning of Year 1,225,26 (a) Amount (a) Amount (1,395,138	2A) 00. 11 00 11	(b) End	X Yes No of Year 81,694 0 81,694 otal	

	Form 5500-SF 2010 Page 2-						
Pai 9a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 1A 1G						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in	the instru	ctions:	
Par	V Compliance Questions						
10	During the plan year:		Yes	No		Amoun	t
	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)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
C	Was the plan covered by a fidelity bond?	10c	Х				150,000
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		Х			
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 the plan? (See instructions.)	10e		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		Х			
h		10h		Х			the supplier of
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 com					ΧY	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es 🛛 No
	(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 instrugranting the waiver.	th	and e	nter th Day	e date of	the letter Year	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	426	Γ		
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 negative amount)			12d		П	
	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 during the plan year or any prior year?		- 1	 13a		∐ Y€	es X No
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year	under	the co			Ye	es 🛛 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		n(s) to				
1	3c(1) Name of plan(s):		130	(2) El	N(s)	13c	(3) PN(s)
		<u> </u>					
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.		

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.

Donor, it is	2 do, yo, you, and your just / /			r	
SIGN	Vand Cillian x	9/	18/	//	DAVID SLOAN
HERE	Signature of plan administrator	Date			Enter name of individual signing as plan administrator
SIGN	A STATE OF THE STA				DAVID SLOAN
HERE	Signature of employer/plan sponsor	Date			Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

Pension benefit Guaranty Corporation File as an attachmen	nt to Form 5	500 or 5	500-SF.		2222223
For calendar plan year 2010 or fiscal plan year beginning 07/0.	1/2010		and ending	9	06/30/2011
Pound off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late filing of this report u	nless reasor	nable cau	se is established		
A Name of plan			B Three-digit plan number		\$ 501
		ľ		sebs-recipion derivatives ()	
CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMEN	IT PLAN				(a.) (3.) (3.) (3.)
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer Id	entification	Number (EIN)
CHICAGO AUTOMOBILE TRADE ASSOCIATION			36-08962	50	
E Type of plan: Single Multiple-A Multiple-B F P	'rior year plar	ı size: 🏻	100 or fewer	101-500	More than 500
Part I Basic Information					
7	Year	2010			
I Cite the valuation date.					
2 Assets: a Market value	or the other courses as the co-		ita a mada ka a a a aya da aya a a gara a ayarin 1885	2a	2,094,160
	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Aggran (Aggrá chile)		2b	2,094,160
	<u> </u>	71) Nu	imber of participa	ants	(2) Funding Target
Funding target/participant count breakdown For retired participants and beneficiaries receiving payment	3a		<u> </u>	0	0
	3b			3	971
b For terminated vested participants	<u> </u>				
C For active participants:	3c(1)			i	9
(1) Non-vested benefits	3c(2)				1,985,567
(2) Vested benefits,					1,985,567
(3) Total active	3c(3) 3d			8	1,986,538
d Total			ra		
4 If the plan is at-risk, check the box and complete items (a) and (b)			U		
a Funding target disregarding prescribed at-risk assumptions		التخبية فإهدتيه	e a composition de la destruction de la confliction de la conflict	4a	
b Funding target reflecting at-risk assumptions, but disregarding trans at-risk for fewer than five consecutive years and disregarding loading	ition rule for	plans tha	at have been	4b	
			, , , , , , , , , , , , , , , , , , ,	5	6.50 %
			A SI	6	96,981
6 Target normal cost					
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonab combination, offer my best estimate of anticipated expanence under the plan.	ies, statements a lie (taking into ac	and attachme scount the ex	ents, if any, is complete experience of the plan a		
SIGN TWO				8/2	5 111
Signature of actuary					Date
TIMOTHY A. BRUMBAUGH, A.S.A.			£		11-04926
Type or print name of actuary					ent enrollment number
NILES LANKFORD GROUP, INC.					74)936-6200
1500 NORTH GAK DRIVE Firm name			Tei	lephone ni	umber (including area code)
PLYMOUTH IN 465	63-0329		••		
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under instructions					Schedule SB (Form 5500) 2010
For Paperwork Reduction Act Notice and OMB Control Numbers, see the	msuucuon	SIVE FUI	III BORO OI BROOK	~· · ·	v.092308.1

		and prefunding hals	nces	100					- Lalanan	and and the
Part II Beginn	ning of year carryover	and breigning ser		(a) Cari	ryover balance		(b) Pre	undir	ng balance	
and the second second	ning of prior year after applica	A S.		35,842						0 0
Portion used to of	ffset prior year's funding requ	irement (Item 35 from prior	year)		35,84				<u> </u>	Ó
e. to a Street-las	- Hom 7 minus item 8)	والمراقع والمراجع والمحاجب والمتاجية والمطارة والمواجرة والأناف والمراجع والمراقع والمراقع والمراقع والمراجع وا		~~						<u></u>
O transaction from 0	using prior year's actual retu	rn of <u>8.79</u> %			3,15	4			· · · · · · · · · · · · · · · · · · ·	
0 Interest on item 9	es contributions to be added t	o prefunding balance:				-				0
	histone (from 38 from orior ve	an warmen and the same of the	and the second section is			-		<u></u>		<u></u>)
a Excess contri	using prior year's effective re	ate of 6.68 %						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	. (
b Interest on (a)	at beginning of current plan ye	ear to add to prefunding bala	nce			-				
C Total available	to be added to prefunding ba	lance								
d Portion of (c)	ances due to elections or dee	med elections				<u> </u>				
2 Reduction in bala	ining of current year (item 9 +	item 10 + item 11d - item	12)		38,99	3	<u></u>			
		8033								
Part III Fund	ding percentages			1011 121	,	, g y a Lunguayen		14	103.45	
4 Funding target a	itainment percentage	***************************************				*****		15	105.42	%
15 Adjusted funding	target attainment percentage	Decree of the second	a.mor/prafiled	no halano	es may be used to re	duce		16	109.71	10/1
16 Prior year's fund	6 Prior year's funding percentage for purposes of determining whether carryover prefutating outsides								147.34	%
current year's tu	nding requirement	less than 70 percent of the	e funding farge	t, enter su	ch percentage	. al direktion		17		//
17 If the content var	GE 0: 0:0	badfalle								
Part IV Con	tributions and liquidit	y Silorualis	nInvees:							
	ade to the plan for the plan ye	(c) Amount paid by				y.	(c) Amount paid by employees			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	employees	(MM-DD-Y	AAA)	employer(s)			China		
01/04/2011	60,983							wy 1900 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
01103100										
								<u></u>		
							· · · · · · · · · · · · · · · · · · ·			
							40/-5			
	1		1				18(c)			
			Totals ▶	18(b)		983				
	Libertone COZING	tractions for small plan will	a valuation da	ite after th	e beginning of the ye				ar. sa seasann — Angelian — Circura	
19 Discounted em	ployer contributions - see ins	tructions for small plan with	a valuation da	ite after th	e beginning of the ye				d. 36. 11889	
	nim bisaan bassard maad min	mum required contribution	a valuation da from prior yea	ite after th	e beginning of the ye					
a Contributions	s allocated toward unpaid min	mum required contribution	a valuation da from prior yea	ite after the	e beginning of the ye	9a 9b			5.9	, 0
a Contributionsb Contributionsc Contributions	s allocated toward unpaid min s made to avoid restrictions a allocated toward minimum req	imum required contribution djusted to valuation date juired contribution for current	a valuation da from prior yea	ite after the	e beginning of the ye	9a 9b				
a Contributions b Contributions c Contributions	s allocated toward unpaid min s made to avoid restrictions a s allocated toward minimum req	imum required contribution diusted to valuation date	n a valuation da from prior yea year adjusted t	o valuation	e beginning of the year 1 1 date 1	9a 9b 9c			5.9	
a Contributions b Contributions c Contributions 20 Quarterly contr	s allocated toward unpaid min s made to avoid restrictions a allocated toward minimum req ibutions and liquidity shortfall.	imum required contribution distance distribution for current street the prior year?	n a valuation da from prior yea year adjusted t	o valuation	e beginning of the year 1 date 1	9a 9b 9c				No
a Contributions b Contributions c Contributions 20 Quarterly contr a Did the plan b If 20a is "Ye"	s allocated toward unpaid min s made to avoid restrictions a allocated toward minimum req ibutions and liquidity shortfall have a "funding shortfall" for s," were required quarterly in	imum required contribution distance distribution for current s; the prior year?	n a valuation da from prior yea year adjusted t	o valuation	e beginning of the year 1 date 1	9a 9b 9c			∐ Yes 🏻	No
a Contributions b Contributions c Contributions 20 Quarterly contr a Did the plan b If 20a is "Ye"	s allocated toward unpaid min s made to avoid restrictions a allocated toward minimum req ibutions and liquidity shortfall.	imum required contribution distance distribution for current s; the prior year? stallments for the current yearlest the following table as:	n a valuation da from prior yea year adjusted to ear made in a to applicable:	te after the	e beginning of the year 1 date 1	9a 9b 9c			Yes X	No No
a Contributions b Contributions c Contributions 20 Quarterly contr a Did the plan b If 20a is "Ye"	s allocated toward unpaid min s made to avoid restrictions a s allocated toward minimum req ibutions and liquidity shortfall have a "funding shortfall" for s," were required quarterly in s," see instructions and comp	imum required contribution distance distribution for current s; the prior year?	n a valuation da from prior yea year adjusted to ear made in a to applicable:	te after the	e beginning of the year date 1 ner?	9a 9b 9c			∐ Yes 🏻	No

21 Discount rate:					and the second s
a Segment rates:	1st segment:	2nd segment:	3rd segment 6.70 %	6	N/A full yield curve used
•	4.26 %	6.56 %		21b	
	***************************************	and die a committee and the committee of the control of the contro		22	a. sees aansaansaansaa ja j
22 Weighted average					
23 Mortality table(s) (s	see instructions) 🗵 Pre	scribed - combined Pres	scribed - separate	Substitute	
Part VI Miscellan	eous items		ov vysoumine, gazenska skoliki ka k	riinydd fernadd eu col	
24 Has a channe heen	made in the non-prescribed act	uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding required
attachment	. No lite with a state of the control of the contro	ત્રું માત્ર જ્યારા માત્ર માત્ર કરતા છે. આ માત્ર મા		ereservants in the section	svaczania i i v i i i v i
25 Has a method char	ge been made for the current pla	an year? If "Yes," see instructions	regarding required atta	chment	Yes X No
		Participants? If "Yes." see instruc		l attachment.	기 Yes [] No
27 If the plan is eligible regarding attachms	for (and is using) alternative fur	nding rules, enter applicable code :	and see instructions	27	and the second s
		ım required contributions			
		ears		28	
				29	
(item 19a)	(item 19a)				
30 Remaining amount	of unpaid minimum required cor	stributions (item 28 minus item 29)		30	
	n required contribution				
		ructions)	and the second s	31	28,35
32 Amortization install		A CONTRACTOR OF THE PROPERTY O	Outstanding Bal	lance	installment
		en radion a desta constitue se en la s'one a radion con desta constitue constitue de propositi		O	
		isti isti kangapakan manan kataman man		0	
		ter the date of the ruling letter gran	ting the approval		
(Month	n approved for this plan year, en Nav Year	and the waived amount	error on a some some some some some some some some	33	
34 Total funding requir	ement before reflecting carryove	er/prefunding balances (item 31 + r	tem 32a + item 32b -	34	28,35
Rem 20/mms.com	en de la composition de la composition La composition de la	Carryover balance	Prefunding bal	ance	Total balance
		0		0	
	ffset funding requirement			T 20	28,35
		2.122.1.244.1.244.1.24.1.4.1.4.1.4.1.4.1		·	ha hi g we sa
37 Contributions alloca	ated toward minimum required co	ontribution for current year adjusted	d to valuation date	37	59,04
filem 1901				38	30,69
	مرور فسلم متوريخ ليريش سندس تاريخ المناشرة للرسيد السياسي	Hinterest-adjusted excess contributions for current year (see instructions) Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)			
38 Interest-adjusted ex					**************************************

CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN Schedule SB, line 19 - Discounted Employer Contributions Plan Name: CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN

Plan EIN: 36-0896250 Plan Number: 001

			Effective	
		Plan	Rate of	Discounted
Date	Amount	Year	Interest	Amount
01/04/2011	60983.00	2010	6.50%	59047.00

CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN

Plan EIN: 36-0896250 Plan Number: 001

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN Schedule SB, Part V - Statement of Actuarial Assumptions/Methods Plan Name: CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN

Plan EIN: 36-0896250 Plan Number: 001

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

Funding Yield Curve Segmented Rates

First Segment:

4.26%

Second Segment:

6.56%

Third Segment:

6.7%

PBGC Segmented Rates

First Segment:

2.35%

Second Segment:

5.35%

Third Segment:

6.29%

Pre-Retirement Valuation Assumptions

Mortality Table

2010 430(h)(3)(A)-Optional combined

Retirement Valuation Assumptions

Mortality Table

2010 430(h)(3)(A)-Optional combined

Mortality table applied on a static basis

IRC417(e)(3) Interest Assumption

Segment Rate

same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table

None

IRC417(e)(3) Retirement Mortality

Mortality Table

2010 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

100% of participants will elect the Plan Normal Form

0% of participants will elect a Single Life annuity

Pre-Retirement Death Benefit

Plan Liability funded on a one year term cost basis

Mortality Table

2010 430(h)(3)(A)-Optional combined

Retirement Incidence

Participants are assumed to retire on the Normal Retirement Date

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings

5% Effective annual rate

CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN Schedule SB, Part V - Statement of Actuarial Assumptions/Methods Plan Name: CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN

Plan Name: CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMEN
Plan EIN: 36-0896250

Plan Number: 001

Retirement Actuarial Equivalence Assumptions

Investment Earnings

5% Effective annual rate

Mortality Table

1983 IAM MALE

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings

5% Effective annual rate

Mortality Table

2010 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings

5% Effective annual rate

CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN

Plan EIN: 36-0896250
Plan Number: 001

Plan Effective Date

July 1, 1966

Plan Anniversary Date

July 1, 2010

Participation Eligibility

Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date

Anniversary coincident with or preceding the satisfaction of the participation

requirements

Normal Retirement Date

First day of the month coincident with or following age 65 and first day of the

month coincident with or following 5 years of participation

Normal Form of Benefit

Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Retirement Benefit Optional Forms

Single Life Annuity

Normal Retirement Benefit

Benefit Formula:

2% per year of service times compensation

Maximum total years of service: 35 Maximum years of past service: 35

IRC415 maximum annual benefit: \$170,000
Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan participation

up to 10 (actuarially adjusted for benefit form)

Compensation Definition

Highest consecutive 3 year average salary over all service

Annual salary up to \$200,000 considered

100 times the normal retirement benefit

Pre-Retirement Death Benefit

Lump sum payable on death of participant

Fadus Danafit Draviniana: \M

Extra Benefit Provisions: WP

Vested Retirement Benefit

Benefit Amount

Vesting Schedule:

20% a year after 3 years(100% after 7 years)
Computation Period: Elapsed Time Method

Based on periods of service rounded to nearest year

Accrued Retirement Benefit

Pro-rated on service

Early Retirement Benefit

Accrued retirement benefit Eligibility requirements:

Minimum years of service: 10

Minimum age: 55

Benefit Adjustment: The benefit is reduced by 6% for each year by which retirement age precedes normal retirement age, or if retirement is after normal retirement, the benefit is the greater of the in-service benefit as of the retirement date and the normal retirement benefit actuarially increased to the retirement

date.

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.

720 East Wisconsin Avenue Milwaukee, WI 53202

Actuarial Assumptions Used in Determining Insurance Contract Premiums

Interest, Mortality and Expense Factors Upon Which Current Contract Premiums Are Based

For contracts issued by Northwestern Mutual, Milwaukee, WI, on or after January 1, 2010, in connection with Employee Trust Plans. Assumptions for contracts issued prior to January 1, 2010 may differ.

GENERAL ACCOUNT CONTRACTS

Policy/Contract Plan	Net Premium Interest Rate	Net Premium Mortality Table
Retirement Annuity with Insurance	4%	None
Guaranteed Interest Funds in VAs	1%	None
Single Premium Retirement Annuity	1%	None
90 Life & 65 Life	4%	2001 CSO** Smoker and Non-Smoker
Single Premium Life	4%	2001 CSO** Smoker and Non-Smoker
CompLife	4%	2001 CSO** Smoker and Non-Smoker
Term 10	4%	2001 CSO** Smoker and Non-Smoker
Term 80		
Level Term 10		
Level Term 20		
Estate CompLife	4%	2001 CSO** Smoker and Non-Smoker
Survivorship CompLife	4%	2001 CSO** Smoker and Non-Smoker

SEPARATE ACCOUNT CONTRACTS

Policy/Contract Plan	Net Premium Interest Rate	Net Premium Mortality Table	
Variable Annuity Accounts A & B	None	None	
Group Pension Annuity	None	None	

Gross Premium Loading Formulas

Annuities: Expense loadings vary by contract and may be "front-end" loads or "back-end" withdrawal charges. Some front-end loads grade down by amount. Some contracts may have asset based charges and/or annual contract fees. All expense charges for the Separate Account contracts are described in the Prospectuses for these accounts.

Life insurance other than term: The expense loading is a percentage of the net premium plus a per thousand charge plus a policy fee. These charges vary by plan, age, duration, and underwriting classification. All expense charges for the Separate Account contracts are described in the Prospectuses.

Term life insurance: Gross premiums are tables of Maximum Premiums and Scheduled Premiums. The tables vary by plan, age, duration, and underwriting classification. The tables have been filed with the state insurance departments.

** CSO - Commissioners Standard Ordinary Mortality Table.

