## 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

2011

This Form is Open to Public

Inspection

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number CHICAGO AUTOMOBILE TRADE ASSOCIATION 401(K) PLAN (PN) ▶ 002 1c Effective date of plan 07/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CHICAGO AUTOMOBILE TRADE ASSOCIATION 36-0896250 (EIN) 2c Sponsor's telephone number 630-495-2282 18W200 BUTTERFIELD ROAD OAKBROOK TERRACE, IL 60181-4810 2d Business code (see instructions) 441229 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 36-0896250 CHICAGO AUTOMOBILE TRADE ASSOCIATION 18W200 BUTTERFIELD ROAD OAKBROOK TERRACE, IL 60181-4810 Administrator's telephone number 630-495-2282 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... 9 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 739260 523195 Total plan assets..... 7a 7b Total plan liabilities..... 739260 523195 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 31542 (1) Employers ..... 8a(1) 35178 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -14913 **b** Other income (loss)..... 8b 51807 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 258845 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 9027 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 267872 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -216065 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) ......

<b>^</b>	Plan Characteristics	

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

Page 2 - 1

2A 2E 2F 2G 2J 2K 2T 3D

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

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	)	During the plan year:		Yes	No		Αm	ount			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?		Was there a failure to transmit to the plan any participant contributions within the time period described in					, ,,,,,				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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).  106	b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported									
or dishonesty?	С										
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d		10d		X						
This is the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		X						
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR   10h   X   10h   X   12520.101-3.   10h   X   X   X   X   X   X   X   X   X	f	Has the plan failed to provide any benefit when due under the plan?	10f		X						
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.    VI   Pension Funding Compliance	g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					4522		
art VI Pension Funding Compliance  1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	h		10h		X						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	i		10i								
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S500))	art '	VI Pension Funding Compliance									
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 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 granting the waiver Month		Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					F	Yes	X No		
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  b Enter the minimum required contribution for this plan year.  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 negative amount).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes No No If "Yes," enter the amount of any plan assets that reverted to the employer this year.  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.)								Yes	X No		
b Enter the minimum required contribution for this plan year	а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructional the waiver	th								
C Enter the amount contributed by the employer to the plan for this plan year	-				12h	1					
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)											
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	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								
Plan Terminations and Transfers of Assets  3a Has a resolution to terminate the plan been adopted in any plan year?				_		Yes		No	N/A		
Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year							<u> </u>	<u> </u>			
If "Yes," enter the amount of any plan assets that reverted to the employer this year	3a					Yes X	No				
of the PBGC?			_								
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control										
	С		he plai	n(s) to	١		_				
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established	1;	3c(1) Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)		
aution: A negative for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established											
aution. A penaity for the late of incomplete ming of this return/report will be assessed unless reasonable cause is established.	auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	estak	lished.	l				

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/08/2012	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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

- 0	art Manual Report Identification Information						
		1/01/2	011 and ending		12/31/201	ī	
			·		a one-particip	ant nian	
			tiple-employer plan (not multiemployer)				
В	This return/report is:		eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 m	onths)	_		
C	Check box if filing under: Form 5558	automatic	extension		DFVC program	n	
	special extension (enter description	n)					
P	art II Basic Plan Information—enter all requested information	ation					
-	Name of plan			1b	Three-digit		
	CHICAGO AUTOMOBILE TRADE ASSOCIATION				plan number (PN) ▶		
	401(K) PLAN				002		
	401(K) FLIAN			1c	Effective date of		
				-	07/01/2003		
2a	Plan sponsor's name and address; include room or suite number (e CHICAGO AUTOMOBILE TRADE	mployer, it	tor a single-employer plan)	20	Employer Identifi (EIN) 36-0896		
	ASSOCIATION			20			
				20	Sponsor's teleph (630) 495-		
	18W200 BUTTERFIELD ROAD			2d	Business code (s		
			IL 60181-4810		441229	oco mandonoma)	
32	OAKBROOK TERRACE Plan administrator's name and address (if same as plan sponsor, el	nter "Same		3b	Administrator's E	IN	
va	SAME	no came	,				
				3с	Administrator's te	elephone number	
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN		
9	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a	T	10	
						9	
	Total number of participants at the end of the plan year			5b		9	
С	Number of participants with account balances as of the end of the property complete this item)			5c		9	
6a	Were all of the plan's assets during the plan year invested in eligib					X Yes ∏ No	
	Are you claiming a waiver of the annual examination and report of						
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)	•••••		X Yes   No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III Financial Information	ligan madalan ing		_			
7	Plan Assets and Liabilities		(a) Beginning of Year	$\perp$	(b) End		
а	Total plan assets	. 7a	739,26	0	-	523,195	
b	Total plan liabilities	. 7b		$\bot$		0	
c	Net plan assets (subtract line 7b from line 7a)	7c	739,26	0		523,195	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otai	
а	Contributions received or receivable from:		21 -	2			
	(1) Employers	8a(1)	31,54				
	(2) Participants	. 8a(2)	35,17	В			
	(3) Others (including rollovers)	8a(3)		1.500			
b	Other income (loss)	8b	(14,913	)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				51,807	
d	Benefits paid (including direct rollovers and insurance premiums		258,84				
	to provide benefits)	. 8d	230,04	4			
e	•	. 8e	0.00	7		LEGA SER TORRER DE CRESTE EL EL LEGA ERON DE CRESTA EN DESCRIP	
f	Administrative service providers (salaries, fees, commissions)	. 8f	9,02	4			
g	Other expenses			U			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				267,872	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		i.	Section and the control of the contr	(216,065)	
í	Transfers to (from) the plan (see instructions)	. 8i		2000			

Page	2	_

Form 5500-SF 2011

Da# I\/	Dian Charac	torictics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D

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

Part	V Compliance Questions									
10	During the plan year:				Yes	No	А	mount		
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)		Х							
C	Was the plan covered by a fidelity bond?			10c	Х			1,00	0,000	
d										
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 y	year end.)		10g	Х		4,522			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the re- 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' 5500))							Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requ							Yes	X 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 an granting the waiver.	nortized in this plan	Mont							
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•	-		Г	12b			• • • • • • • • • • • • • • • • • • • •	
	Enter the minimum required contribution for this plan year				,	12c				
	Enter the amount contributed by the employer to the plan for this plan y Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a min	us sign to the left o	of a	·	12d				
e	Will the minimum funding amount reported on line 12d be met by the fu				_		Yes	No [	N/A	
Part	entrantos.						<del>  </del>			
	Has a resolution to terminate the plan been adopted in any plan year?					$\Box$	/es X No			
	If "Yes," enter the amount of any plan assets that reverted to the emplo					<u></u>				
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	sferred to another	plan, or brought u			ntrol		Yes		
C	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plan	(s) to					
1	3c(1) Name of plan(s):				130	(2) El	N(s)	13c(3)	PN(s)	
***										
Caut	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.										
PIC I	X kan ////n	4/19/12	Bauid	5	100	W				
SIGI   HER		Date	Enter name of inc	dividua	ıl sigi	ning a	s plan admini	strator		
SIG										
HER	To 10.00	Date	Enter name of inc	dividua	al sign	ning a	s employer or	plan spo	nsor	