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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance witl	n the instructions to the Form 5500	-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 07/01/201	1	and ending 06	6/30/20	012	
	This return/report is for: ☐ a single-employer plan ☐ ☐ the first action (or action)		e-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is:		eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)	-	
C	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m
	special extension (enter descriptio	n)				
Pa	rt II Basic Plan Information—enter all requested informa	ation				
	Name of plan			1b ·	Three-digit	
CHIC	AGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN				plan number	
			-		(PN) •	001
				1c	Effective date of	
20	Plane and a second address of a lade and a second address of a lade and a second and a second and a second address of a lade and		(for a simple condense also)	Ol- i	07/01/	
	Plan sponsor's name and address; include room or suite number (er AGO AUTOMOBILE TRADE ASSOCIATION	mployer, if	for a single-employer plan)		Employer Identif	
			-			
				20 (Sponsor's telept	
	200 BUTTERFIELD RD. BROOK TERRACE, IL 60181-4810		-	2d F		see instructions)
O7 11 12					81300	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b /	Administrator's E	ΞΙΝ
	AGO AUTOMOBILE TRADE ASSOCIATION 18W200 BUT	TERFIELD	RD.			96250
	OAKBROOK	TERRACE	E, IL 60181-4810	3c /		elephone number
_	Kalendari da	,		41.	630-495)-2282
4	If the name and/or EIN of the plan sponsor has changed since the landame, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
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			5b		
	Number of participants with account balances as of the end of the p		-	JU		
Ū	complete this item)	• (·	5c		
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IQP	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.		
	rt III Financial Information			1		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	
а	Total plan assets	. 7a	81694			633086
b	Total plan liabilities		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	81694			633086
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	46797			
	(2) Participants			_		
		8a(2)				
L	(3) Others (including rollovers)	8a(3)	540428	_		
b	Other income (loss)	8b	340428			587225
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				367223
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f	35833			
g	Other expenses	. 8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				35833
i	Net income (loss) (subtract line 8h from line 8c)	8i				551392
j	Transfers to (from) the plan (see instructions)	8j				

Form	5500.	-25	201	,

Page 2 -	1	
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Part IV	Plan	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - 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	Durir	ng the plan year:		Yes	No		Am	ount			
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X						
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X						
С	Was	s the plan covered by a fidelity bond?	10c	X					150000		
d	Did t	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X						
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х						
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X						
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X						
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X						
i		h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i								
art	VI	Pension Funding Compliance				•					
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					X	Yes	No		
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No		
	(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										
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401	1					
		r the minimum required contribution for this plan year			12b						
		r the amount contributed by the employer to the plan for this plan year			12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d	<u> </u>			7		
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ш	No	N/A		
art	VII	Plan Terminations and Transfers of Assets									
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	·····			Yes X	No				
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a							
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			Yes	X No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	he pla	n(s) to)						
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)		
Caut	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.					
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.									

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/17/2012	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)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

	0011	ndor nlan 1:=== 0044 :	or finant rise			ient to Form	3000 01		din a 06/20	2012	
		ndar plan year 2011 o			07/01/2011			and en	ding 06/30/	2012	
		nd off amounts to ne									
•	Caut	ion: A penalty of \$1,0	000 will be as	sessed for late filing	of this repor	t unless reaso	nable ca	use is establis	hed.		
A N	ame CAG	of plan O AUTOMOBILE TR	ADE ASSOC	IATION RETIREME	NT PLAN			B Three-o	igit mber (PN)	•	001
								President			
C P	lan s	sponsor's name as sh	nown on line 2	a of Form 5500 or 5	500-SF			D Employe	r Identificatio	n Number (EIN	1)
		O AUTOMOBILE TRA			.000 0.						•/
								36-0896250			
E T	/pe d	of plan: X Single	Multiple-A	Multiple-B	F	Prior year pla	n size: >	100 or fewer	101-500	More than	n 500
Pa	rt I	Basic Inform	ation								
1		er the valuation date:		Month	Day01	Year 2	011				
2		sets:	•		- w)			_			
_	a	Market value							2a		104990
	_								-		
	b -	Actuarial value							2b		104990
3	Fur	nding target/participar	nt count break	down:			(1) N	umber of parti	cipants	(2) Fur	nding Target
	а	For retired participa	ants and bene	ficiaries receiving pa	ayment	3a			1		27577
	b	For terminated vest	ted participan	ts		3b			1		120
	С	For active participal	nts:								
		(1) Non-vested be	enefits			3c(1)					
		(2) Vested benefit	ts			3c(2)					87040
		` ,							6		87040
	d	` '							8		114738
4		ne plan is in at-risk sta						П			
4	_	•	•	•	. ,	. ,		ш	4-		
	а	Funding target disre	0 0.		•						
	b	Funding target refle									
				consecutive years ar	•						5.00.0/
5	_	ective interest rate							5		5.63 %
6		get normal cost							6		59409
		nt by Enrolled Actua	•	al to alctor only a divide a condition		d.d				- Fb	
а	ccord	best of my knowledge, the in ance with applicable law and lation, offer my best estimate	d regulations. In m	y opinion, each other assu							
S	IGN	1	<u> </u>		<u> </u>						
	ER									09/03/2012	2
			Signa	ature of actuary						Date	
TIMC	THY	A. BRUMBAUGH, A	A.S.A.							11-04926	
			Type or p	rint name of actuary					Most red	ent enrollment	number
NILE	S LA	NKFORD GROUP, II	NC.							574-936-6	200
				Firm name					Telephone ni	ımber (includin	g area code)
		RTH OAK DRIVE								(g ,
PLYN	/IOU	TH, IN 46563-0329									
								_			
· <u> </u>	_		Add	lress of the firm							
If the instru		ary has not fully refle	cted any regu	lation or ruling prom	nulgated unde	er the statute i	n comple	eting this schee	lule, check th	ne box and see	

Page	2 -	1
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Schedule SB (Form 5500) 2011

Pa	rt II	Begin	ning of year	carryove	er and p	refunding ba	lances							
								(a)	Carryover balance		(b) l	Prefundii	ng balar	ice
7		Ū	nning of prior year		•	•	•		38	8993				0
8			or use to offset pr	•	Ū	•				0	0			
9		,	ng (line 7 minus li					38993 0						0
10	Interest	on line 9	using prior year's	s actual ret	urn of	21.38%			1	8337				
11	Prior ye	ar's exce	ess contributions t	o be added	d to prefur	nding balance:								
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from	prior year)								30695
			a) using prior year ovided (see instru											1995
	C Tota	al availabl	e at beginning of c	urrent plan y	year to add	d to prefunding bala	ance							32690
	d Port	tion of (c)	to be added to p	refunding b	alance									0
12 Other reductions in balances due to elections or deemed elections														
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												0		
Pa	art III	Fun	ding percenta	ages										
14	Funding	_										14	87	7.37 %
15	Adjuste	d funding	g target attainmen	t percentag	je							15	87	7.37 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									·	16	105	5.41 %		
17	If the cu	urrent val	ue of the assets of	f the plan i	s less tha	n 70 percent of th	e funding targ	et, enter s	such percentage			17		%
Pa	Part IV Contributions and liquidity shortfalls													
18	Contrib	_	ade to the plan for	•	•		ployees:							
(M	(a) Dat M-DD-Y		(b) Amount p employer			nount paid by mployees	(a) Da (MM-DD-Y	(b) Amount pai employer(s		(0	c) Amou emplo		у	
01.	/05/2012			46797										
							Totals ►	18(b)		46797	18(c)			0
19			-						he beginning of the					
	_		allocated toward	•			•			19a				0
			made to avoid res							19b				0
			allocated toward m			ibution for current	year adjusted to	o valuatio	n date	19c				45495
20		-	outions and liquidi	-									1	
		•	· ·									<u> </u>	Yes	X No
								mely mar	nner?				Yes	No
	C If 20a	a is "Yes,	" see instructions	and compl				af 4la!!						
		(1) 19	st		Liquidi (2)	ty shortfall as of e	end of quarter of	of this pla	an year 3rd	r (4) 4th				
		(-) 10			(-/			(5)	- +	(4) 401				

Pa	rt V	Assumptio	ns used to determine t	unding target and targ	get n	ormal cost						
21	Disco	ount rate:										
	a S	egment rates:	1st segment: 2.38%	2nd segment: 5.51%		3rd segment: 6.36 %		N/A, full yield curve used				
	b A	pplicable month	(enter code)				21b	2				
22	Weigl	hted average ret	tirement age				22	65				
23		ality table(s) (see		escribed - combined		cribed - separate	Substitut					
			,									
	rt VI	Miscellane										
24		=	nade in the non-prescribed act			-						
25	Has a	a method change	e been made for the current pl	an year? If "Yes," see instruc	ctions	regarding required attac	hment	Yes X No				
26			provide a Schedule of Active				attachment.	Yes No				
27			or (and is using) alternative fu	•			27					
	Part VII Reconciliation of unpaid minimum required contributions for prior years											
28	Unpa	id minimum requ	uired contributions for all prior	years			28	0				
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior ye (line 19a)							0				
30	Rema	aining amount of	funpaid minimum required cor	ntributions (line 28 minus line	29)		30	0				
Pa	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)											
31	Targe	et normal cost a	nd excess assets (see instruct	ions):								
	59409											
	b Ex	cess assets, if a	applicable, but not greater than		31b	0						
32	32 Amortization installments: Outstandin							Installment				
	a Ne	et shortfall amort	ization installment				144817	23125				
	b W	aiver amortizatio	on installment				0	0				
33	If a w	aiver has been a	approved for this plan year, en	ter the date of the ruling lette	r gran	•	33					
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	82534				
			none service removanily earry error	Carryover balance	- I	Prefunding bala		Total balance				
				Carryover Balance		1 Totaliang balan	100	Total balance				
3 5			use to offset funding	3	37039		0	37039				
36	Addit	ional cash requir	rement (line 34 minus line 35)				36	45495				
37	Contr	ributions allocate	ed toward minimum required c	ontribution for current year ad	ljusted	I to valuation date	37	45495				
38	Prese	ent value of exce	ess contributions for current ye	ar (see instructions)			I.					
			ny, of line 37 over line 36)				38a	0				
			line 38a attributable to use of				38b	0				
39							39	0				
			uired contribution for current y			·	40					
40			uired contributions for all years				40	0				
	rt IX		funding relief under Pe									
41			ion base is being amortized pu					2 plus 7 years 15 years				
40) for which the election in line					□ □ Z009 □ Z010 □ Z011				
			n adjustment				42					
43	Exces	s installment ac	celeration amount to be carrie	d over to future plan years	·········	·····	43					

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.

2011

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	art Annual Report Identification Information					
	calendar plan year 2011 or fiscal plan year beginning 0	7/01/2	011 and ending		06/30/201	.2
Δ.	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
		•	eturn/report	,	_	
B	This retain report is:		•	ntha)		
	an amended return/report		n year return/report (less than 12 mo	111115 <i>)</i>	T	
C	Check box if filing under:	automatic	extension		DFVC progra	m
	special extension (enter description	n)				
Pa	Int II Basic Plan Information—enter all requested information	ation				
The same and	Name of plan			1b	Three-digit	
	CHICAGO AUTOMOBILE TRADE ASSOCIATION				plan number	0.01
					(PN) •	001
	RETIREMENT PLAN			1c	Effective date of 07/01/1966	
2a	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 36-089	ication Number
	CHICAGO AUTOMOBILE TRADE ASSOCIATION				<u> </u>	
	ASSOCIATION		• • • • • • • • • • • • • • • • • • • •	2c	Sponsor's telep (630) 495-	hone number
	18W200 BUTTERFIELD RD.			<u> </u>	<u> </u>	
	18W200 BUTTERFIELD RD.			20	Business code (.813000	see instructions)
	OAKBROOK TERRACE		IL 60181-4810	21-		
3a	Plan administrator's name and address (if same as plan sponsor, et	nter "Same	")	30	Administrator's	=IN
	SAME			30	Administrator's 1	elephone number
				50	Administrators	cicpitotic ficinoci
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	
7	name, EIN, and the plan number from the last return/report.		, ,			
а	Sponsor's name			4c	PN	
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			5b		8
C	Number of participants with account balances as of the end of the p					
·	complete this item)			5c	<u> </u>	
6a	Were all of the plan's assets during the plan year invested in eligib					Yes No
b	Are you claiming a waiver of the annual examination and report of	an indeper	dent qualified public accountant (IQF	PA)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ons.)		***************************************	Ы тез ∏ 140
Caralle William	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	<i>)</i> U.		
Pa	rt III Financial Information			1		
7	Plan Assets and Liabilities		(a) Beginning of Year	4	(b) End	of Year 633,086
а	Total plan assets		81,69			033,000
b	Total plan liabilities	7b		0		622 000
С	Net plan assets (subtract line 7b from line 7a)	7c	81,69	4		633,086
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	-4-1
						otal
	· · · · · · · · · · · · · · · · · · ·			1	Table and the second	otai
	Contributions received or receivable from: (1) Employers	8a(1)	46,79	7		otal
	Contributions received or receivable from:	8a(1) 8a(2)		7		Otal
	Contributions received or receivable from: (1) Employers		46,79			Otal
b	Contributions received or receivable from: (1) Employers	8a(2)				
b c	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	46,79			587, 225
C	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b	46,79			
	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b	46,79			
C	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	46,79 540,42	8		
c d	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d	46,79	8		
c d e f	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d 8e	46,79 540,42	8		
c d e f g	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d 8e 8f	46,79 540,42	8		
c d e f	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	46,79 540,42	8		587, 225
c d e f g	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d 8e 8f	46,79 540,42	8		587,225

Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A 1G	feature codes from the	List of Plan Characte	eristic Co	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes from the l	ist of Plan Character	istic Co	des in t	he instruct	ions:	
Part	V Compliance Questions							
10	During the plan year:			Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Correction Progr	am) 10	а	Х	-		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		10		х			
C	Was the plan covered by a fidelity bond?		10	c X			15	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			d	Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	e plan? (See	е	Х			·	
f	Has the plan failed to provide any benefit when due under the plan	10	of	X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	10	g	Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	9 CFR	h	Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10)i		212	annie			
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500))	·····					X Yes	
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic		n 412 of the Code or	section	302 of	ERISA?	Yes	⊠ No
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortized in this pla	n year, see instruction	ns, and	enter th	ne date of	the letter ru Year	iling
lf	granting the waiveryou complete lines 3, 9, and 10 of Schedule	e MB (Form 5500), an	d skip to line 13.		,			
b	Enter the minimum required contribution for this plan year				12b			
C	Enter the amount contributed by the employer to the plan for this p				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a mir	ius sign to the left of a	ı	12d			
е	Will the minimum funding amount reported on line 12d be met by t	the funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				<u> </u>	Yes X	10	
	If "Yes," enter the amount of any plan assets that reverted to the e	employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries of the PBGC?			• • • • • • • • • • • • • • • • • • • •			Yes	⊠ No
c	If during this plan year, any assets or liabilities were transferred frowhich assets or liabilities were transferred. (See instructions.)	om this plan to another	plan(s), identify the p					
	3c(1) Name of plan(s):			13	sc(2) E	IN(s)	13c(3) PN(s)
						ii		
Caul	ion: A penalty for the late or incomplete filing of this return/rep	oort will be assessed	unless reasonable o	ause is	estab	lished.		
SB c	or penalties of perjury and other penalties set forth in the instructions or Schedule MB completed and signed by an enrolled actuary, as we f, it is true, correct,/and complete	s, I declare that I have ell as the electronic ver	examined this return/ sion of this return/rep	report, i ort, and	ncludin to the	g, if applic best of my	able, a Sch knowledge	e and
บะแย	, it is tide, conject/and complete//	10/12/12				-		7
SIG		17/4/12	F-4	ا - احداما	unine	s plan =-J-	injetrata-	
HER	Signature of plan administrator	Date /	Enter name of indiv	iuuai Si	иниу а	e hiqii gali	misuatui	
SIG	900 MOCO	Date	Enter name of indiv	idual ci	mina a	e amployo	r or plan en	onsor
	E Cianature of employer/plan spensor	LUBIE	i cinei name oi moiv	ruuai Sil	ᆲᄞᅜᅼ	っ しいけいいくと	ווסוק וט ו	

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Form 5500-SF 2011

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).

2011

OMB No. 1210-0110

This Form is Open to Public

	Pension Benefit Guaranty Corporation	michai Neve		•	EFAA SE			Inspec	tion
	r calendar plan year 2011 or fiscal p	File as an attachn	01/2011	n bout or				06/30/2	012
	Round off amounts to nearest do	· · · · · · · · · · · · · · · · · · ·	01/2011		and endi	ng		10/30/2	012
		e assessed for late filing of this repor	t unless reas	sonable ca	use is establishe	ed.			
	Name of plan	2 dosessed for fact filling of the ropes		70170270	B Three-dic				
	, service of plans				plan num				001
					pien nam				
CI	HICAGO AUTOMOBILE TRAI	DE ASSOCIATION RETIREM	ENT PLAI	4	113.60	77. AF	100		(A)
C	Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer	dentificat	ion Num	ber (EIN)	
C	HICAGO AUTOMOBILE TRAD	DE ASSOCIATION			36-0896	250			
E	Fype of plan: X Single Multiple	e-A Multiple-B	Prior year p	an size: X	100 or fewer	101-5	м <u></u> ок	lore than 50	ю
P	art I Basic Information								
1	Enter the valuation date:	Month 7 Day 1	Year	2011	***				
2	Assets:								
	a Market value	***************************************	****************	************		. 2a			1,049,902
	b Actuarial value		************	***************************************	***************************************	. 2b		· · · · · · · · · · · · · · · · · · ·	1,049,902
3	Funding target/participant count be	reakdówn:		(1) N	umber of particip		·	(2) Fundin	
		eneficiaries receiving payment	}	ļ		1			275,774
		pants	3b			1	ESC 150 NH		1,209
	C For active participants:		2-(4)	6.00			(1) 1/42 ·		
		······································							0
	* *	,		2.00					870,406
		 **********************************				6		-	870,406
	·				_	8	8 may 2 m 2 8 S	77. W. S.	1,147,389
4	If the plan is in at-risk status, check	k the box and complete lines (a) and	(b)		U		100 Jan 100 Ja	National Control	
	a Funding target disregarding p	rescribed at-risk assumptions	**********		**>>460**>860**>444**	. 4a			
		sk assumptions, but disregarding tran		•		4b			
5		ve consecutive years and disregarding	*		***************************************	5			5.63 %
6			·····		******	6	***********		59,409
	ement by Enrolled Actuary		***************	***************************************	***************************************	1 - 1			33,103
1	o the best of my knowledge, the information sur	oplied in this schedule and accompanying schedu	des, statements	end attachme	ents, if any, is complet	e and accur	ite. Each pr	escribed assu	mption was applied in
	occordance with applicable law and regulations, combination, offer my best estimate of anticipate	In my opinion, each other assumption is reasona d experience under the plan.	bie (taking into a	ccount me ex	perience of the plan a	ind reasonal	ile expectat	lions) and suct	other assumptions, in
S	IGN					1	1		,
Н	ERE 71%					91:	3/12	2_	
	Si	gnature of actuary	***************************************		•		Da	te	
TIM	OTHY A. BRUMBAUGH, A.	S.A.					11-0	4926	
	Туре о	or print name of actuary				Most re	cent enm	ollment nur	nber
NIL	ES LANKFORD GROUP, IN	c.				(5	74) 9	36-620	0
150	0 NORTH OAK DRIVE	Firm name			Tel	ephone n	umber (i	ncluding ar	ea code)
					٠				
PLY	MOUTH	IN 463 Address of the firm	563-0329	}					
	actuary has not fully reflected any re	egulation or ruling promulgated under	the statute	in complet	ing this schedule	e, check t	he box a	nd see	
		nd OMB Control Numbers, see the	instruction	s for Forr	n 5500 or 5500-	SF.	Sch	edule SB (Form 5500) 2011
- 1									v.012611

Page	2		Γ
Page	£.	-	ł

EXTENSES	CORONARIOS NO											-
Pa	art II Begi	nning of year	carryove	r and prefunding ba	lances			· ·	** 1			
7		•		able adjustments (line 13 f		(a) (Carryover balance 38,	993	(D)	-retuna	ing balance	
8	Portion elected	for use to offset p	rior year's fu	nding requirement (line 35	from			0				С
9			·····				38,	993				C
10				m of 21.38 _%			8,	337				
11			×	to prefunding balance:								
	•			38 from prior year)					W. K. Dir. De William	<u> </u>	30,69	95
	b Interest on (a) using prior yea	r's effective r	ate of6.50_% excep	t as	just pal			-		1,9	95
	C Total available	le at beginning of c	current plan ye	ear to add to prefunding bala	nce						32,69	90
				lance		TAKE THE RESERVED	Alaba I					0
12		· ,		or deemed elections		1			***************************************			
13	Balance at begin	nning of current y	ear (line 9 + I	ine 10 + line 11d - line 12)			47,	330	***************************************			0
\$500000	1007/2007/2008/2008	ding percent										
* -		: :	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							14	87.37 9	 6
							······································	**********		15	87.37 9	
	Prior year's fund	ding percentage for	or purposes o	of determining whether can	yover/pref	unding balan	ces may be used to			16	105.41 %	
17		·····		less than 70 percent of the		· • · · · · · · · · · · · · · · · · · ·				17		 6
C110000					·				<u> </u>	·		
02228282	Constant Section and	ntributions an		ar by employer(s) and emp	lavoor							
	(a) Date	(b) Amount p		(c) Amount paid by		Date	(b) Amount paid	hv	ic	:) Amou	int paid by	
(M	IM-DD-YYYY)	employer		employees		D-YYYY)	employer(s)		, ,		oyees	
01	1/05/2012	·	46,797								-	
				-						~~~~		
			and the second		Totals •	18(b)	4.6	,797	18(c)			0
19	Discounted emp	loyer contribution	s – see instru	ictions for small plan with a	a valuation	date after th	e beginning of the y	ear:				
	a Contributions	allocated toward	unpaid minin	num required contributions	from prior	years,	1	9a				0
	b Contributions	made to avoid re:	strictions adju	usted to valuation date		******		9b				0
	C Contributions	allocated toward m	inimum requir	red contribution for current y	ear adjuste	d to valuation	date 1	9с			45,49) 5
20	Quarterly contrib	outions and liquidi	ty shortfalls:						n de la company			X
				prior year?	*********	*************	**********************	····			Yes X No	2002
				Ilments for the current year					********	<u> </u>	Yes No	
				e the following table as ap				S.			J U	F
	- 1(200 man action		Liquidity shortfall as of er		er of this plan	year	L	5	*/25/		2000 2000 2000 2000 2000 2000 2000 200
	(1) 1s	st		(2) 2nd			3rd			(4) 4th)	
									-			

		ns used to determine	funding target and tar	get normal cost	······································				
21	Discount rate:	Interpretation	2nd concont:	3rd segme	•+·	paras.			
	a Segment rates:	1st segment: 2.38 %	2nd segment: 5.51 %	6.36	%	N/A, full yield curve used			
	b Applicable month	(enter code)	***************************************	*****************************	21b	2			
22	Weighted average ret	firement age	**********************************		22	65			
23	Mortality table(s) (see	e instructions) X Pr	escribed - combined	Prescribed - separate	Substitu	te			
Pa	rt VI Miscellane	ous items							
24			tuarial assumptions for the cu						
25	Has a method change	been made for the current pl	an year? If "Yes," see instruc	tions regarding required att	achment	Yes ☒ No			
26	is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding require	d attachment	X Yes No			
27	· · · · · · · · · · · · · · · · · · ·		nding rules, enter applicable o		27				
Pa	art VII Reconcilia	ation of unpaid minimu	ım required contributi	ons for prior years					
28	Unpaid minimum requ	ired contributions for all prior	years	***************************************	28	0			
29			d unpaid minimum required co	, ,	1 23 1	. 0			
30	Remaining amount of	0							
Pa									
31	31 Target normal cost and excess assets (see instructions):								
	a Target normal cost	(line 6)	***************************************		31a	59,409			
	b Excess assets, if a	. 0							
32	Amortization installme	Installment							
	a Net shortfall amorti	zation installment	***************************************		144,817	23,125			
	b Waiver amortization	n installment			d	0			
33			ter the date of the ruling letter) and the waived amou		. 33				
34	Total funding requirem	nent before reflecting carryove	er/prefunding balances (lines 3	1a - 31b + 32 a + 3 2b - 33).	34	82,534			
			Carryover balance	Prefunding bal	ance	Total balance			
35	Balances elected for u	se to offset funding	37,	039	q	37,039			
36	Additional cash require	ement (line 34 minus line 35).	<		. 36	45,495			
37			ontribution for current year adj		37	45,495			
38	Present value of exces	ss contributions for current ye	ar (see instructions)						
	a Total (excess, if any	, of line 37 over line 36)			38a	0			
		*************************************	prefunding and funding stand	·····	38b	0			
			ear (excess, if any, of line 36 o		. 39	0			
	ACCUPATION OF THE PROPERTY OF		***************************************		. 40	0			
Pa	t IX Pension for	unding relief under Pe	nsion Relief Act of 201	0 (see instructions)					
41	If a shortfall amortization	on base is being amortized pu	rsuant to an alternative amort	ization schedule:					
	a Schedule elected	>>,xxx	*****************	>>A4444),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2 plus 7 years 15 years			
	b Eligible plan year(s)	for which the election in line 4	1a was made		2008	3 2009 2010 2011			
42	Amount of acceleration	adjustment	************************************	***************************************	42				
43	Excess installment acc	eleration amount to be carried	f over to future plan years		43				

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
01/05/2012	46797.00	2011	5.63%	45495.00

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:

2.38%

Second Segment:

5.51% 6.36%

Third Segment: **PBGC Segmented Rates**

First Segment:

1.7%

Second Segment:

4.99%

Third Segment:

6.33%

Pre-Retirement Valuation Assumptions

Mortality Table

2011 430(h)(3)(A)-Optional combined

Retirement Valuation Assumptions

Mortality Table

2011 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

2011 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

50% of participants will elect the Plan Normal Form

50% of participants will elect a Lump Sum (single payment)

Pre-Retirement Death Benefit

Plan Liability funded on a one year term cost basis

Mortality Table

2011 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 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

2011 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, 2011

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 Lump Sum (single payment)

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 \$245,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Benefit Amount 100 times the normal retirement benefit

Extra Benefit Provisions: WP

Vested Retirement Benefit 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.

ATTACHMENT TO 2011 FORM 5500, SCHEDULE B

Chicago Automobile Trade Association Retirement Plan EIN/PN: 36-0896250 / 001

Line 24:

The following actuarial assumptions were changed from the prior valuation to reflect anticipated experience of the Plan:

The optional forms of the benefit was changed from 100% normal form (single life annuity) to 50 % normal form and 50 lump sum.

Plan Name: CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN Schedule SB, line 26 - Schedule of Active Participant Data Plan EIN: 36-0896250 Plan Number: 001

									۶	Years of Credited Service	ited Se	rvice								
	V	<1	1	-4		5-9	-	10 - 14	1	15 - 19	70	20 - 24	25	25 - 29	30	30 - 34	35	35 - 39	4	40+
		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	#	Comp.	#	Comp.	#	Comp.	#	Comp.	**	Comp.	#	Comp.	#	Comp.	#	Сошр.	#	Comp.	#	Comp.
<25														-		-				
25-29																				
30-34																				
35-39	<u> </u>				~															-
40-44															 					
45-49							. 2													
50-54											! !									
55-59							-					-								
60-64									-											
69-99																		,		
+04																				
				-																

Age is attained age as of the valuation date.

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

CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN

Plan EIN: 36-0896250

Plan Number: 001

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	144,817	07/01/2011	7	23,125