

# 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**

### Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer)  a one-participant plan
- B** This return/report is:  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)

### Part II Basic Plan Information—enter all requested information

<b>1a</b> Name of plan CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN		<b>1b</b> Three-digit plan number (PN) ▶ 001
		<b>1c</b> Effective date of plan 07/01/1966
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CHICAGO AUTOMOBILE TRADE ASSOCIATION  18W200 BUTTERFIELD RD. OAKBROOK TERRACE, IL 60181-4810		<b>2b</b> Employer Identification Number (EIN) 36-0896250
		<b>2c</b> Sponsor's telephone number 630-495-2282
		<b>2d</b> Business code (see instructions) 813000
<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") CHICAGO AUTOMOBILE TRADE ASSOCIATION 18W200 BUTTERFIELD RD. OAKBROOK TERRACE, IL 60181-4810		<b>3b</b> Administrator's EIN 36-0896250
		<b>3c</b> Administrator's telephone number 630-495-2282
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		<b>4b</b> EIN
<b>a</b> Sponsor's name		<b>4c</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year		<b>5a</b> 8
<b>b</b> Total number of participants at the end of the plan year		<b>5b</b> 8
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		<b>5c</b>
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**

### Part III Financial Information

7 Plan Assets and Liabilities	(a) Beginning of Year		(b) End of Year
	7a	7b	7c
<b>a</b> Total plan assets	81694	0	633086
<b>b</b> Total plan liabilities			0
<b>c</b> Net plan assets (subtract line 7b from line 7a)	81694		633086
8 Income, Expenses, and Transfers for this Plan Year	(a) Amount		(b) Total
	8a(1)	8a(2)	8a(3)
<b>a</b> Contributions received or receivable from:	46797		
(1) Employers			
(2) Participants			
(3) Others (including rollovers)			
<b>b</b> Other income (loss)	540428		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			587225
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)			
<b>e</b> Certain deemed and/or corrective distributions (see instructions)			
<b>f</b> Administrative service providers (salaries, fees, commissions)	35833		
<b>g</b> Other expenses			
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)			35833
<b>i</b> Net income (loss) (subtract line 8h from line 8c)			551392
<b>j</b> Transfers to (from) the plan (see instructions)			

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 1A 1G
- 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**

		Yes	No	Amount
<b>10</b>	During the plan year:			
<b>a</b>	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) .....		X	
<b>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		150000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b>	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.) .....		X	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b>	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 .....			

**Part VI Pension Funding Compliance**

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) .....  Yes  No
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..  Yes  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. .... 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..... 

<b>12b</b>	
------------	--
- c** Enter the amount contributed by the employer to the plan for this plan year..... 

<b>12c</b>	
------------	--
- 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) ..... 

<b>12d</b>	
------------	--
- e** Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

- 13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... **13a** \_\_\_\_\_
- b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....  Yes  No
- c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/17/2012	JULIE DUNBAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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**

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHICAGO AUTOMOBILE TRADE ASSOCIATION	<b>D</b> Employer Identification Number (EIN) 36-0896250	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information	
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value ..... <b>2a</b> 1049902
b	Actuarial value ..... <b>2b</b> 1049902
3	Funding target/participant count breakdown:
	(1) Number of participants      (2) Funding Target
a	For retired participants and beneficiaries receiving payment ..... <b>3a</b> 1 275774
b	For terminated vested participants ..... <b>3b</b> 1 1209
c	For active participants:
(1)	Non-vested benefits ..... <b>3c(1)</b> 0
(2)	Vested benefits ..... <b>3c(2)</b> 870406
(3)	Total active ..... <b>3c(3)</b> 6 870406
d	Total ..... <b>3d</b> 8 1147389
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/>
a	Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b>
5	Effective interest rate ..... <b>5</b> 5.63 %
6	Target normal cost ..... <b>6</b> 59409

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		09/03/2012
	Signature of actuary	Date
	TIMOTHY A. BRUMBAUGH, A.S.A.	11-04926
	Type or print name of actuary	Most recent enrollment number
	NILES LANKFORD GROUP, INC.	574-936-6200
	Firm name	Telephone number (including area code)
	1500 NORTH OAK DRIVE PLYMOUTH, IN 46563-0329	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of year carryover and prefunding balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	38993	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	38993	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>21.38</u> % .....	8337	
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38 from prior year) .....		30695
<b>b</b>	Interest on (a) using prior year's effective rate of <u>6.50</u> % except as otherwise provided (see instructions) .....		1995
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance.....		32690
<b>d</b>	Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	47330	0

<b>Part III Funding percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	87.37 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	87.37 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	105.41 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and liquidity shortfalls</b>							
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/05/2012	46797						
			<b>Totals ▶</b>	<b>18(b)</b>	46797	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	45495

<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	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

**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 2.38%	2nd segment: 5.51%	3rd segment: 6.36%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 2
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	59409	
<b>b</b> Excess assets, if applicable, but not greater than 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	144817	23125	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	<b>34</b>	82534	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	37039	0	37039
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	45495	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	45495	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

<b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

**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**

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

OMB Nos. 1210-0110  
1210-0089

**2011**

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**Part I Annual Report Identification Information**

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**A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer)  a one-participant plan

**B** This return/report is:  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

**C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CHICAGO AUTOMOBILE TRADE ASSOCIATION  18W200 BUTTERFIELD RD. OAKBROOK TERRACE IL 60181-4810	<b>1c</b> Effective date of plan 07/01/1966
<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	<b>2b</b> Employer Identification Number (EIN) 36-0896250
	<b>2c</b> Sponsor's telephone number (630) 495-2282
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name	<b>2d</b> Business code (see instructions) 813000
	<b>3b</b> Administrator's EIN
<b>5a</b> Total number of participants at the beginning of the plan year ..... 8 <b>b</b> Total number of participants at the end of the plan year ..... 8 <b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	<b>3c</b> Administrator's telephone number
	<b>4b</b> EIN
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>4c</b> PN
<b>6b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>5a</b>
<b>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b>	

**Part III Financial Information**

7 Plan Assets and Liabilities	(a) Beginning of Year		(b) End of Year		
	<b>a</b> Total plan assets .....	<b>7a</b>	81,694	633,086	
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0		
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	81,694	633,086		
8 Income, Expenses, and Transfers for this Plan Year	(a) Amount		(b) Total		
	<b>a</b> Contributions received or receivable from: (1) Employers .....	<b>8a(1)</b>	46,797		
		(2) Participants .....	<b>8a(2)</b>		
		(3) Others (including rollovers).....	<b>8a(3)</b>		
	<b>b</b> Other income (loss).....	<b>8b</b>	540,428		
	<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>	587,225		
	<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>			
	<b>e</b> Certain deemed and/or corrective distributions (see instructions).....	<b>8e</b>			
	<b>f</b> Administrative service providers (salaries, fees, commissions).....	<b>8f</b>	35,833		
	<b>g</b> Other expenses .....	<b>8g</b>			
	<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>	35,833		
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>	551,392			
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>				

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 1A 1G
- 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**

	Yes	No	Amount
<b>10</b> During the plan year:			
<b>a</b> 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) .....		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....		X	
<b>c</b> Was the plan covered by a fidelity bond?.....	X		150,000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b> 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.).....		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.).....		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>i</b> 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.....			

**Part VI Pension Funding Compliance**

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)).....  Yes  No
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..  Yes  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. .... 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..... 

<b>12b</b>	
------------	--
- c** Enter the amount contributed by the employer to the plan for this plan year..... 

<b>12c</b>	
------------	--
- 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) ..... 

<b>12d</b>	
------------	--
- e** Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  Yes  No  N/A

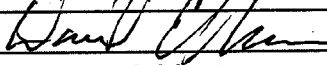
**Part VII Plan Terminations and Transfers of Assets**

- 13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... 

<b>13a</b>	
------------	--
- b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....  Yes  No
- c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)
- | 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|-------------------------|---------------|--------------|
|                         |               |              |

**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.

<b>SIGN HERE</b>		9/13/12	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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**

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan		<b>B</b> Three-digit plan number (PN)	001
CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN			
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		<b>D</b> Employer Identification Number (EIN)	
CHICAGO AUTOMOBILE TRADE ASSOCIATION		36-0896250	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2011</u>			
<b>2</b> Assets:			
<b>a</b> Market value	<b>2a</b>	1,049,902	
<b>b</b> Actuarial value	<b>2b</b>	1,049,902	
<b>3</b> Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment	<b>3a</b>	1	275,774
<b>b</b> For terminated vested participants	<b>3b</b>	1	1,209
<b>c</b> For active participants:			
(1) Non-vested benefits	<b>3c(1)</b>		0
(2) Vested benefits	<b>3c(2)</b>		870,406
(3) Total active	<b>3c(3)</b>	6	870,406
<b>d</b> Total	<b>3d</b>	8	1,147,389
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	<b>4b</b>		
<b>5</b> Effective interest rate	<b>5</b>	5.63 %	
<b>6</b> Target normal cost	<b>6</b>	59,409	

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	<i>TAB</i>	<u>9/3/12</u>
Signature of actuary		Date
TIMOTHY A. BRUMBAUGH, A.S.A.		11-04926
Type or print name of actuary		Most recent enrollment number
NILES LANKFORD GROUP, INC.		(574) 936-6200
1500 NORTH OAK DRIVE	Firm name	Telephone number (including area code)
PLYMOUTH	IN 46563-0329	
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2011  
v.012611



<b>Part II Beginning of year carryover and prefunding balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	38,993	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	38,993	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>21.38</u> %.....	8,337	
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38 from prior year) .....		30,695
<b>b</b>	Interest on (a) using prior year's effective rate of <u>6.50</u> % except as otherwise provided (see instructions).....		1,995
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance.....		32,690
<b>d</b>	Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	47,330	0

<b>Part III Funding percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	87.37 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	87.37 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	105.41 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and liquidity shortfalls</b>					
<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/05/2012	46,797				
<b>Totals •</b>			<b>18(b)</b>	46,797	<b>18(c)</b>
					0

<b>19</b>	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b> 45,495

<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	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		

**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 2.38 %	2nd segment: 5.51 %	3rd segment: 6.36 %
			<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 2
<b>22</b> Weighted average retirement age.....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contributions for all prior years.....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6).....	<b>31a</b>	59,409	
<b>b</b> Excess assets, if applicable, but not greater than 31a.....	<b>31b</b>	0	
<b>32</b> Amortization installments:			
		Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment.....		144,817	23,125
<b>b</b> Waiver amortization installment.....		0	0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	82,534	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement.....		37,039	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	45,495	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	45,495	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36).....	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

<b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
<b>a</b> Schedule elected.....	<input type="checkbox"/> 2 plus 7 years		<input type="checkbox"/> 15 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made.....	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011
<b>42</b> Amount of acceleration adjustment.....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years.....	<b>43</b>		

**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**

Date	Amount	Plan Year	Effective Rate of Interest	Discounted 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%
Third Segment:	6.36%

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.

**CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN**  
 Schedule SB, line 26 - Schedule of Active Participant Data  
**Plan Name: CHICAGO AUTOMOBILE TRADE ASSOCIATION RETIREMENT PLAN**

Plan EIN: 36-0896250  
 Plan Number: 001

Age	Years of Credited Service																					
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 +			
	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.		
<25																						
25-29																						
30-34																						
35-39					1																	
40-44																						
45-49								2		1												
50-54																						
55-59								1														
60-64										1												
65-69																						
70+																						

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**

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