For	m 5500-SF	Short Form Annual R	Return/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0 1210-0	
	tment of the Treasury nal Revenue Service	This form is required to be file	e	2	012			
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of the Interna	This Form is Open to Public Inspection					
	nefit Guaranty Corporation	Complete all entries in accor	dance with the instruc	tions to the Form 550	0-SF.		poolion	
Part I		entification Information	0	and and and	0/04/0	2010		
_	ar plan year 2012 or fisca	<u> </u>		<u> </u>	2/31/2			
	urn/report is for:			an (not multiemployer)		a one-particip	ant plan	
B This ret	urn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)	_		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m	
		special extension (enter description	on)					
Part II	<b>Basic Plan Inform</b>	nation—enter all requested inform	ation					
1a Name CHICAGO A	•	SSOCIATION 401(K) PLAN			1b	Three-digit plan number (PN)	002	
					1c	Effective date of 07/01/	•	
	oonsor's name and addre UTOMOBILE TRADE A	ess; include room or suite number (essociation)	employer, if for a single-	employer plan)	2b	Employer Identif (EIN) 36-085		r
	FTERFIELD ROAD				2c	Sponsor's telephone number 630-495-2282		
OAKBROOK	TERRACE, IL 60181-48	310			2d	Business code ( 81300		s)
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor I	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN	
		lan sponsor has changed since the	last return/report filed fc	or this plan, enter the	4b	EIN		
name, <b>a</b> Sponso	<i>i</i>	er from the last return/report.			4c	PN		
		the beginning of the plan year			5a			9
<b>b</b> Total r	number of participants at	the end of the plan year			5b			11
		count balances as of the end of the			0.0			
	· ·			•	5c			10
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								No No
Caution: A	penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable cau	use is	established.		
SB or Sche		r penalties set forth in the instructior signed by an enrolled actuary, as w te.						
SIGN	Filed with authorized/va	lid electronic signature.	07/23/2013	CATHY HAVRANEK				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	ning as plan adm	ninistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan spons	or
Preparer's		ne, if applicable) and address; inclue	de room or suite number			arer's telephone		

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
a Total plan assets	. 7a	52319	523195			526781		
<b>b</b> Total plan liabilities	7b		0					
C Net plan assets (subtract line 7b from line 7a)	7c	52319	5			526781		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:								
(1) Employers	8a(1)	3142						
(2) Participants	8a(2)	3804	8					
(3) Others (including rollovers)	8a(3)		_					
<b>b</b> Other income (loss)	8b	5775	7	_				
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		127226		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11461	3					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f	902	7					
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					123640		
i Net income (loss) (subtract line 8h from line 8c)	8i					3586		
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics	IJ							
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions				0000				
				Yes	No	Amount		
			10a	Yes	No X	Amount		
<ul><li>10 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	uciary Correct ? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes		Amount		
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	uciary Correct ? (Do not incl	tion Program) lude transactions reported		Yes	x	Amount 100000		
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<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some organization that provides some organization that provides some or all other service or other organization that provides some organi</li></ul>	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud , an insurance carrier, s under the plan? (See	10b 10c 10d		x x x			
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	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 "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were of the	control		Yes X No				
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Dependent of the Team?         This to this required to be float under sections 104 and 4056 of the Employee Resemant income Section 2016 and 4056 of the Employee Resemant is completed and anticipated and the Instructions to the Form 5506 SF.         This Form Form 5506 SF.           Part I         Annual Report Identification Information or advandue part year 2012 of fical Jan year an ended relamineport in a single-employee plan (not multimepoly and an ended relamineport in a manded relamineport in a manded relamineport in podd edension (enter description)         an employee an ended relamineport in a network of the Instructure of the Instructure in a network of the Instructure of the Instructure in a network of the Instructure in the Instructure in a network of the Instructure in	Forn	n 5500-SF	Short Form Annual	Return/Report of	Small Employ	ee	c	MB Nos. 1210-0110 1210-0089
Description         Description         Description         This Form is Open to Public Impaction           Predict Build Gampion Construction         > Complete all entries in accordance with the Instructions to the Form 350-95.         This Form is Open to Public Impaction           Predict Build Gampion Construction         > Complete all entries in accordance with the Instructions to the Form 350-95.         This Form is Open to Public Impaction           Predict Build Factor Information         In an instrumination         12/31/2012         in an instrumination           This Returning Construction         In an instrumination         in an instrumination         in an instrumination         in an instrumination           This Returning Construction         In an instrumination         in a short plan year tegration (anter description)         in a short plan year tegration on the instrumination         In the first returning on the short formation           A Name of plan         Basic Plan Information - enter all requested information         In the first returning on the short description)         In the enter tegration           CHICAGO ANTOMOBILE TRADE         ASSOCIATION         In Enter tegration         In the enter tegration         In the enter tegration           A lift the name and address, include nom or suite number (employer, if for a single employer plan)         C Enter Col 0.02 (Col 0	Departm	ent of the Treasury		Benefit Plan				012
Total Games Compariso         Decomplete all enrifee In secondaries with the Instructions to the Form 590-SF.           Part I         Annual Report Identification Information         27/31/2012           Candidation prove baginmes         Image: Comparison of the Comparison of	Dep	artment of Labor	Retirement Income Security Act	of 1974 (ERISA), and section	ns 6057(b) and 6056(a	This Form is Open to		
Part [			1			SF.		
a relation plan year 2012 of fixed plan year beginning         01/01/2012         a one-participant plan           This return/report is for:         a single-employer plan         a single-employer plan         a single-employer plan           This return/report is         a single-employer plan         a single-employer plan         a single-employer plan         a single-employer plan           If is return/report         a single-employer plan         a single-employer plan <th>Part I</th> <th>Annual Report Ic</th> <th>entification Information</th> <th></th> <th></th> <th></th> <th><math>\frac{1}{2}/31/201</math></th> <th>2</th>	Part I	Annual Report Ic	entification Information				$\frac{1}{2}/31/201$	2
This return/sport is for:	or calendar	plan year 2012 or fisc	al plan year beginning					
This redurtifieparts       an amended return/report       a short plan year return/report (less than 12 months)         Check box If filing under:       Form 5505       automatic extension       DFVC program         Part II       East: Plan Information - ontre all requested information       1b True-cigit plan number (PD)       002         Part II       East: Plan Information - ontre all requested information       1b True-cigit plan number (PD)       002         A Name of plan       CHICAGO AUTONODELLE TRADE ASSOCIATION       1c Effective date of plan O.7/01/2003       02         A Plan aporsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (CBIOAGO AUTONODELLE TRADE ASSOCIATION       2b Employer identification Number (CBIOAGO AUTONODELLE TRADE ASSOCIATION       2d Business code (see instruction)         18W200 BUTTERFIELD ROAD       IL 60181-4810       313000         OAKBROCK TERRACE       IL 60181-4810       3b Administrator's colephone number (cBIOACO AUTONODELLE TRADE ASSOCIATION Name IBarne as Plan Sponsor Address       3b Administrator's colephone number (cBIO Address IBA Address IBA Administrator's colephone number (cBIO Address IBA Address		плероп із іог.			(not multiemployer)	L	a one-particip	
Check box! If iling under:  Form 5558  understands  DFVC program  DFVC	This retu	m/report is:			eport (less than 12 mo	nths)		
		1. m					DFVC program	m
Part II       Easic Plan Information—enter all reguested information       1b       Three-digit plan number (PRI)         A Name of plan       CHICAGO AUTOMOBILE TRADE ASSOCIATION       002         401(K)       PLAN       CE Effective date of plan (OT/01/2003)         1a       Plan sponsof's name and address, include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EIN) 36–0396250         1b       Average Address, include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EIN) 36–0396250         1b       Average Address, include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EIN) 36–03282         1b       Average Address, include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EIN) 36–03282         1b       Average Address, include room or suite number (employer, if for a single-employer plan)       2c       Sponsor single Address, include room number (530)         3c       Administrator's telephone number (EIN) 36–03282       3b       Administrator's telephone number (530)         3c       Administrator's telephone number (530)       Administrator's telephone number (530)       3b         3c       Administrator's telephone number (530)       3c       Administrator's telephone number (530) <tr< td=""><td>Check be</td><td>ox if filing under:</td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	Check be	ox if filing under:						
a Name of plan       In the digit         CHICAGO AUTOMOBILE TRADE ASSOCIATION       (PN)         401 (K) PLAN       002         1a Pian sponsof's name and address, include nom or sulte number (employer, if for a single-employer plan)       (CHICAGO AUTOMOBILE TRADE ASSOCIATION       02         1a Pian sponsof's name and address, include nom or sulte number (employer, if for a single-employer plan)       (Pin sponsof's name and address, include nom or sulte number (employer, if for a single-employer plan)       (Pin sponsof's name and address, include nom or sulte number (employer, if for a single-employer plan)         0.04200 BUTTERFIELD ROAD       (Pin sponsof's name and address)       (Pin sponsof's name and address)       (Pin sponsof's name and address)         0.04200 BUTTERFIELD ROAD       (Pin sponsof's name and address)       (Pin sponsof's name and address)       (Pin sponsof's name and address)         0.04200 BUTTERFIELD ROAD       (Pin sponsof name and address)       (Pin sponsof's name and address)       (Pin sponsof's name and address)         0.04200 BUTTERFIELD ROAD       (Pin sponsof name)       (Pin sponsof name)       (Pin sponsof's name)         0.04200 BUTTERFIELD ROAD       (Pin sponsof name)       (Pin sponsof's name)       (Pin sponsof's name)         0.04200 CELN (Pin sponsof has changed since the last return/report filed for this pin, enter the name, EN, and the plan sponsof has changed since the last return/report filed for this pin, enter the distereturn/repont sponsof has sponsof has changed since the								
CHICAGO AUTOMOBILE TRADE ASSOCIATION       (PN) 002         401 (K) PLAN       (PN) 002         1a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       (CHICAGO AUTOMOBILE TRADE         1a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       (CHICAGO AUTOMOBILE TRADE         1a SBOCIATION       2b Employer identification Number (EM) 36-0896250         1sW200 BUTTERFIELD ROAD       2c Sponsor's telephone number (address)         0AKBROK TERRACE       1L 60181-4810         3a Plan administrator's name and address @Same as Plan Sponsor Name       Same as Plan Sponsor Address         3b Administrator's telephone number (amployer, if for a single-employer plan)       0.02         0AKBROK TERRACE       11 60181-4810         3c Administrator's name and address @Same as Plan Sponsor Name       Same as Plan Sponsor Address         3c Administrator's telephone number       4 If the name and/or EIN of the plan sponsor has changed since the last return/report flied for this plan, enter the name, EIN, and the plan number from the last return/report.       4 C PN         3c Total number of participants at the ed of the plan year       5a         5a Total number of participants at the ed of the plan year investid in eligible asset? (See instructions), Me and the clan number intege and the plan sponsor has changed since of an independent qualified public accountant (QPA)       Y Yes I the areal examination and report of			mation-enter all requested into					
401 (K)       PLAN       1c Enclove date of plan 07/01/2003         2b Projove identification Number (EN) 36-0896250       2b Employer leattification Number (EN) 36-0896250         2c Biologic Automodel LE TRADE ASSOCIATION       2b Employer identification Number (EN) 36-0896250         16 W200 BUTTERFIELD ROAD       2c Business code (see instructions) 0AKBROOK TERRACE       2d Business code (see instructions) 013000         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's telephone number (530) 495-2282         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the a Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year       5a         5a Total number of participants at the edin of the plan year       5a         5a Ware all of the plan second balances as of the end of the plan year (defined benefit plans do not complete this item).       5c         5a Ware all of the plan second balances as of the end the second of the plan second to ance and to sponsof the flag plan administrator's telephone, independent qualified public accountant (ICPA)       2d Yes   the year with the last or incomplete filling of the plan amont use Form 5500-5F and must instead use Form 5500.         6a Ware all of the plan sector on waker eligibility and conditions.       My Yes   the Yeapicable administrator         <			WEADE ASSOCIATION					002
12       Plan sponsor's name and address, include noom or suite number (employer, if for a single-employer plan) CRICAGO ANTOMOBILE TRADE ASSOCIATION       2b       Employer identification Number (EM) 36-0286250         18       W200 BUTTERFIELD ROAD       2c       Sponsor's talephone number (sign) 45-2282         18       W200 BUTTERFIELD ROAD       11       60181-4810       3b         0       AKEROOK TERRACE       313000       3b       Administrator's clephone number (sign) 439-2282         18       Plan administrator's name and address       Same as Plan Sponsor Address       3b       Administrator's EIN         3c       Administrator's name       ad address       Same as Plan Sponsor Address       3b       Administrator's telephone number (anne, EN, and the plan number from the last return/report.       3c       Administrator's telephone number         3c       Namber of participants at the beginning of the plan year       5b       5c       5c         3c       Namber of participants at the edgin year invested in eligible assets? (See instructions.)       5c       5c         3d       Ware all of the plan sesset during the plan year invested in eligible assets? (See instructions.)       5c       5c         3d       Ware all of the plan sesset during the plan year invested in eligible assets? (See instructions.)       5c       5c         3d       Ware all of the plan ses or line 6			TRADE ASSOCIATION			<u>`</u>		
a. Plan sponsor's name and address, include founds for holds of experience experience of the plan sponsor name of individual signing as plan administrator       2c       Sponsor's talephone number (control)         18W200 BUTTERFIELD ROAD       IL 60181-4810       3b Administrator's name and address (Seme as Plan Sponsor Name (Same as Plan Sponsor Address)       3b Administrator's telephone number (control)         3a Plan administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       3b Administrator's telephone number (address)         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the fam. (Control)       3b Administrator's telephone number (address)         5a Total number of participants at the beginning of the plan year       5a       5a         5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c         6a Were all of the plan's seets during the plan year invested in eligible assets? (See instructions.).       Si Yes (Yes (Stae))         6a Were all of the plan's seets during the plan year invested in eligible asset? (See instructions.).       Si Yes (Yes (Stae))         7 Hyou answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instated use Form 5500.       Yes (Yes (Stae))         8 Sochedule MB completed dry singed by af encelied actuary, as well as the electoric version of this return/report, including, if applicab	401 (I)							
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ASSOCIATION  18W200 BUTTERFIELD ROAD  OKEPROK TERRACE  IL 60181-4810  A Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ame, EIN, and the plan number from the last return/report.  A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ame, EIN, and the plan number from the last return/report.  A Sponsor's name  A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ame, EIN, and the plan number from the last return/report.  A Sponsor's name  A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the A If the name and/or EIN of the plan sponsor has changed since the last return/report.  A Sponsor's name  A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the A If the name and/or EIN of the plan sponsor has changed since the last return/report.  A Sponsor's name  A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the A If the name and/or EIN of the plan sponsor has changed since the plan sponsor has changed since the last return/report filed for this plan, enter the A If the name and/or EIN of the plan sponsor has changed since the plan sponsor has change sponsor has be aplan the pla	a Plan sp	onsor's name and add	ress; include room or suite numbe הממשי	r (employer, in for a single of	npioyor piany	(	EIN) 36-089	6250
18W200 BUTTERFIELD ROAD       IL 60181-4810       2d Business code (see instructions) 813000         2d Business code (see instructions)       813000         3a Plan administrator's name and address [3]Same as Plan Sponsor Name []Same as Plan Sponsor Address       3b Administrator's EIN         3d If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sponsor name       5a         5a Total number of participants at the beginning of the plan year       5a         5a Total number of participants at the address as of the end of the plan year       5b         5c Number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this lifem)       5c         56a Were all of the plan's assets during the plan year inteepot of an independent qualified public accountant (IQPA)       Xers [] Yes [] It         57 Are you claiming a water of the annue avainiation and report of an independent qualified public accountant (IQPA)       Xers [] Yes [] It         58 Were all of the plan year inne 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-5F and must instead use is established.         59 Schedule MB completed of aligned by of enrolled actuary, as well as the electronic version of this return/report, including. If			INADE			2c \$	Sponsor's telep	hone number
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OAKBROOK_TERRACE       III_60181-4810       3b Administrator's EIN         ia Plan administrator's name and address Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's EIN         ia (f 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.       4b EIN       4c PN         ia Sponsor's name       5a       5b       5c         ia Total number of participants at the beginning of the plan year       5b       5c         is Total number of participants in the count balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       5c         is Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       If Yes I N       Yes I N         if you answered "No" to either line 6a or line 6b, the plan cannot use Form S500-SF and must instead use Form S500.       If Yes I N       Yes I N         if you answered "No" to either line 6a or line 6b, the plan cannot use Form S500-SF and must instead use form yenowhed and beleft, it is true, corefd, and other paraltes set, of the instructions, i declare that I have examination and the plan cannot use Form S500-SF and must instead use for my knowledge and beleft, it is true, corefd, and other plan administrator       If Wou answered "No" to either line 6a or line 6b, the plan cannot use Form S500-SF and must instead use for my knowledge and beleft, it is true, corefd, and complete the set of my knowledge and beleft, it is true, corefd, and completet	18W20	0 BUTTERFIELD	) ROAD					(366 man denomo)
ia       Plan administrator's name and address       []Same as Plan sponsor Name       3c       Administrator's telephone number         ii       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.       4b       EIN         a       Sponsor's name       5a       5a       5b         5       5a       5b       5c         6       Number of participants at the end of the plan year       5c       5c         complete this item)       Sessets during the plan year invested in eligible assets? (See instructions.)       If Yes []       Yes []         6       Were all of the plan sessets during the plan year invested in eligible assets? (See instructions.)       If Yes []       Yes []       Yes []         6       Were all of the plan sessets during the plan year invested in eligible assets? (See instructions.)       If Yes []       Yes []       Yes []         7       Yes []       No answerd "No" to either line 6a or line 6b, the plan cannot use Form 5500.5F and must Instead use Form 5500.       If yet answerd 'No" to either line 6a or line 6b, the plan cannot use Form 5500.5F and must Instead use I setablished.       Inder penalities of perjuny and other penalities set forth in the instructions, a lecies that I have examined this return/report, including, if applicable, a Schedule the instructions, a lecies that I have examined this return/report, and the best of my knowledge and belie	OAKBI	OOK TERRACE						EIN
as ponsor's name     4c     PN       3a Sponsor's name     5a     5a       5a Total number of participants at the beginning of the plan year     5a       5b Total number of participants at the end of the plan year     5b       c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)     5c       c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)     5c       c Number 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)     Maxies of the plan's essets during the plan year invested in eligibility and conditions.)     Maxies of the plan's essets during the plan year invested in eligibility and conditions.)     Maxies of the annual examination and report of an independent qualified public accountant (IQPA)     Yes [] N       f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.     Yes [] N     Yes [] N       Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.     Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.     Schedule MB completed end signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule belief, it is true, carefet, and complete     Maxue Schedule       Sign     Signature of plan administrator     Date     Enter name of individual signing as plan administrator       Sign </th <th>A If the m</th> <th>ame and/or EIN of the</th> <th>nian sponsor has changed since</th> <th>the last return/report filed for</th> <th>this plan, enter the</th> <th>4b</th> <th>EIN</th> <th></th>	A If the m	ame and/or EIN of the	nian sponsor has changed since	the last return/report filed for	this plan, enter the	4b	EIN	
a Sponsor's name       5a         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         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         5a       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c         5a       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c         5a       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c         5a       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c         5a       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c         5a       Mere all of the plan year invested in eligible assets? (See instructions.)       5c         5a       Mere all of the plan's assets during the plan year invested in eligible accountant (IOPA)       7c         5a       Mere plansity for the late or incomplete filling of this return/report will be assessed unless reasonable cause is establish	name,	EIN, and the plan nun	nber from the last return/report.			4c	PN	
b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Social complete this item)       Image: Social complete the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Social complete the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Social complete the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Social complete the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Social complete the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Social complete the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Social complete the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Social complete the plan's assets during the plan cannot use Form 5500-SF and must Instead use Form 5500.       Image: Social complete the plan's assets the plan cannot use Form 5500-SF and must Instead use Form 5500.       Image: Social complete the plan's asset the plan cannot use Form 5500-SF and must Instead use Form 5500.       Image: Social complete the plan's asset the plan cannot use Form 5500-SF and must Instead use Form 5500.       Image: Social complete the plan's asset the plan term.       Image: Social complete the plan's asset the plan cannot use Form 5500-S	a Spons	or's name	the state of the slope years				1	
b       Total number of participants at the end of the plan year (defined benefit plans do not complete this item)	5a Total r	number of participants	at the beginning of the plan year	******		55		
complete this ifem)       Image:	<b>b</b> Total I	number of participants	at the end of the plan year	when the super (defined benef	it plans do not	55		· · · ·
6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		ata this itom)						
b       Are you claiming a waiver of the annual examination and report of an independent qualitied public accountant (curvy)       Yes       Yes<			- during the plan year invested in e	ligible assets? (See instruct	ons.)			X Yes I M
under 29 CFR 2520.104-467 (See instructions on waiver eigibility and conditions),         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Caution: A penalty for the late or incomplete filling 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         SIGN	-							🛛 Yes 🗍 N
Caution: A penalty for the late or incomplete filling 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         SiGN							5500.	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, motion of the best of my knowledge and BB 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 attract of plan administrator Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)</b>	lf you	answered "No" to e	ther line 6a or line 6b, the plan of	cannot use Form 5500-or t	niess reasonable car	use is	established.	
SB or Schedule MB completed and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not to dro constrained and signed by an entitled actually, as not dro constrained and signed by an entitled actually, as not dro constrained and signed by an entitled actually, as not dro constrained and signed by an entitled actually, as not dro constrained and signed by an entitled actually, as not dro constrained actually, as not dro	Caution: /	penalty for the late	or incomplete filing of this return	ctions. I declare that I have e	examined this return/re	eport, in	cluding, if appli	cable, a Schedule
SiGN HERE       Mail       Mail       Mail       Mail       Signature of plan administrator         SiGN 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         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	SB or Sch	edule MB completed a	ng signed by an enitolieu actual y	as well as the electronic vers	sion of this return/repor	rt, and 1	to the best of m	y knowledge and
Sign       Enter name of individual signing as plan administrator         Sign       Date       Enter name of individual signing as employer or plan sponsor         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	-	$\sqrt{t}$	6/1/1/1	-7/23/12	Traves	(00	N	
Signature of plan administrator     Date       SiGN HERE     Signature of employer/plan sponsor     Date       Enter name of individual signing as employer or plan sponsor       Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)     Preparer's telephone number (optional)		Klink		Date		dual sig	ning as plan a	dministrator
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)         Preparer's telephone number (optional)		Signature of plan a						
Signature or employer/plan sponsol         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)    Preparer's telephone number (optional)					Enter name of individ	ndividual signing as employer or plan sor		
						Prep	parer's telephor	e number (optiona
Form 5500-SF.	Preparer's	name (incluoing intri i						
Form 5500-SF.								
				he instructions for Form 5500-				Form 5500-SF (20

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End g	of Year	
a Total plan assets	7a		,19	5			52	26,781
b Total plan liabilities	7b			0				
C Net plan assets (subtract line 7b from line 7a)	7c	523	3,19	5			52	26,781
B Income, Expenses, and Transfers for this Plan Year	an an an an an Anns an Anns an	(a) Amount				(b) To	otal	
a Contributions received or receivable from: (1) Employers	8a(1)	31	,42	1				
(2) Participants	8a(2)	38	1,04	8	ja e e .			
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b	57	,75	7				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							12	27,220
<ul> <li>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</li> </ul>	8d		,61	3				
e Certain deemed and/or corrective distributions (see instructions)	8e						<u>.</u>	
f Administrative service providers (salaries, fees, commissions)	8f	<u> </u>	), Ö2	7				
g Other expenses	8g				·	<u>1</u>		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			÷.,			12	23,640
I Net income (loss) (subtract line 8h from line 8c)	. 8i		1. J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					3,58
Transfers to (from) the plan (see instructions)	8]							на на да 
Part IV Plan Characteristics								
Part V Compliance Questions								
				¥	N.			
0 During the plan year:				Yes	No		Amount	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fid</li> </ul>	uciary Corre	ection Program)	10a	Yes	No X		Amount	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribution</li> </ul>	uciary Com t? (Do not i	ection Program) nclude transactions reported	10a 10b	Yes				
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes</li> </ul>	uciary Corr t? (Do not i	ection Program) nclude transactions reported		Yes	x			00,00
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	uciary Corro t? (Do not i s fidelity bor	ection Program) nclude transactions reported nd, that was caused by fraud	10b		x			00,00
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all</li> </ul>	uclary Corr t? (Do not i s fidelity bor her persons of the bene	ection Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, afits under the plan? (See	10b 10c 10d		x x x			00,00
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)</li> </ul>	uclary Corro t? (Do not i s fidelity bor ther persons of the bene	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, afits under the plan? (See	10b 10c 10d 10e		x x x x			00,00
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Form 5500-SF 2012

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	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part						
	Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes X No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		· · · · · · · · · · · · · · · · · · ·		
		3c(2) E	IN(s)	13c(3) PN(s)		
Parl	VIII Trust Information (optional)					
	Name of trust	14b Trust's EIN				