Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

HERE

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

					Inspection	
Part I	Annual Report Iden	tification Information				
For caler	ndar plan year 2011 or fiscal p	plan year beginning 01/01/2011		and ending 12/31/2	011	
A This	return/report is for:	X a multiemployer plan;	a multiple	e-employer plan; or		
		a single-employer plan;	a DFE (s	pecify)		
			п			
B This r	return/report is:	the first return/report;		eturn/report;		
_		an amended return/report;	ш .	an year return/report (less th		
C If the	plan is a collectively-bargaine	ed plan, check here	_			
D Chec	k box if filing under:	Form 5558;	automatio	extension;	the DFVC program;	
		special extension (enter des	cription)			
Part	II Basic Plan Inform	nation—enter all requested informa	ation			
	ne of plan OTIVE INDUSTRIES PENSIO	ON PLAN			1b Three-digit plan number (PN) ▶ 001	
					1c Effective date of plan	
					09/01/1955	
2a Plan	sponsor's name and address	s, including room or suite number (Er	mployer, if for single-	employer plan)	2b Employer Identification Number (EIN)	
BD. OF	TRUSTEES OF AUTOMOTIV	'E INDUSTRIES PENSION			94-1133245	
TRUST					2c Sponsor's telephone number 510-337-3050	
	DUTH LOOP ROAD DA, CA 94502-7089				2d Business code (see instructions) 811110	
Caution	· A penalty for the late or in	complete filing of this return/repor	rt will be assessed i	inless reasonable cause is	established	
		enalties set forth in the instructions,				
		as the electronic version of this return				
SIGN HERE	Filed with authorized/valid ele	ctronic signature.	10/01/2012	WILLIAM F BRUNELLI		
HEKE	Signature of plan adminis	trator	Date	Enter name of individual sign	gning as plan administrator	
SIGN HERE	Filed with authorized/valid ele	ectronic signature.	10/01/2012	JAMES H BENO		
	Signature of employer/pla	n sponsor	Date	Enter name of individual sign	gning as employer or plan sponsor	
SIGN						

Date

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

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

Form 5500 (2011) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "Sar . OF TRUSTEES OF AUTOMOTIVE INDUSTRIES PENSION	me")			Iministrator's EIN -1133245
	1640 SOUTH LOOP ROAD ALAMEDA, CA 94502-7089				Iministrator's telephone Imber 510-337-3050
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for t	this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	26686
6	Number of participants as of the end of the plan year (welfare plans comple	te only lines 6a, 6	6b, 6c, and 6d).		
а	Active participants			6a	4180
b	Retired or separated participants receiving benefits			6b	9036
С	Other retired or separated participants entitled to future benefits			6c	10918
d	Subtotal. Add lines 6a , 6b , and 6c			6d	24134
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits		6e	2313
f	Total. Add lines 6d and 6e			6f	26447
q	Number of participants with account balances as of the end of the plan year	· (only defined co	ntribution plans		
J	complete this item)	` •	·	6g	
h	Number of participants that terminated employment during the plan year wit less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only	y multiemployer p	plans complete this item)	7	196
	If the plan provides pension benefits, enter the applicable pension feature of 1B 1G If the plan provides welfare benefits, enter the applicable welfare feature contains the plan provides welfare benefits, enter the applicable welfare feature contains the plan provides welfare benefits.				
9a	Plan funding arrangement (check all that apply)		efit arrangement (check all tha	t apply)	
	(1) Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	Insurance Code section 412(e)(3) i	neurana	co contracts
	(3) X Trust	(3)	X Trust	iisuranc	contracts
	(4) General assets of the sponsor	(4)	General assets of the sp	onsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are	attached, and, wh	nere indicated, enter the numb	er attac	ched. (See instructions)
а	Pension Schedules	b General	Schedules		
	(1) R (Retirement Plan Information)	(1)	X H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) (3) (4)	I (Financial Inform A (Insurance Inform C (Service Provide	mation) r Inform	nation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	D (DFE/Participating) G (Financial Trans	-	

SCHEDULE MB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

2011

OMB No. 1210-0110

This Form is Open to Public

Inspection

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

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and	d ending 12/31/20	11
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 esta	ablished.	
A Name of plan AUTOMOTIVE INDUSTRIES PENSION PLAN	B Three-digit plan number (PN) • 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD. OF TRUSTEES OF AUTOMOTIVE INDUSTRIES PENSION	D Employer Identity 94-1133245	ification Number (EIN)
E Type of plan: (1) ☑ Multiemployer Defined Benefit (2) ☐ Money Purchase (see in	structions)	
1a Enter the valuation date: Month 01 Day 01 Year 2011		
b Assets		
(1) Current value of assets	1b(1)	1268122155
(2) Actuarial value of assets for funding standard account		1231077065
C (1) Accrued liability for plan using immediate gain methods	1c(1)	2013507457
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	4 (0)	1976368800
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:	14(1)	
(a) Current liability	14(2)(a)	2845383608
,	· · · · ·	14025869
(b) Expected increase in current liability due to benefits accruing during the plan year	` ` ` `	130893508
(c) Expected release from "RPA '94" current liability for the plan year	· · · · ·	
(3) Expected plan disbursements for the plan year	1d(3)	133893508
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of t combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	05/15/2	2012
Signature of actuary		Date
PAUL C. POON	11-060	069
Type or print name of actuary	Most recent	enrollment number
THE SEGAL COMPANY	415-263	-8200
Firm name	Telephone numb	per (including area code)
100 MONTGOMERY STREET, SUITE 500, SAN FRANCISCO, CA 94104-4308		, , , , , , , , , , , , , , , , , , , ,
Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this s instructions	chedule, check the I	pox and see

Schedule	MB (Form 5500) 2011		Pa	ige 2 - 1					
2 Operational informa	ation as of beginning of this plar	n year:							
•	assets (see instructions)					2a		1268	122155
b "RPA '94" curre	nt liability/participant count br	eakdown:		(1	I) Number of pa	rticipants	(2) (urrent liability	
(1) For retired	participants and beneficiaries	receiving payment			-	11243		1561	561777
(2) For termina	ated vested participants					10882		745	451792
(3) For active	participants:								
(a) Non-ve	ested benefits							37	171137
(b) Vested	l benefits							501	198902
(c) Total a	ctive					4484			370039
` '						26609		2845	383608
percentage	e resulting from dividing line 2					2c		44	4.57 %
	to the plan for the plan year by			D .	1 42 4		1 ()		
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		Date	(b) Amour emplo			Amount paid b employees	·y
(22)	24016267	op.o/000	0	,	5	<i>y</i> σ. (σ)		<u>p.o, 000</u>	
									-
			Totals	▶ 3(b)		2401626	7 3(c)		0
4 Information on plan	status.			, , ,			, ,		
•	dicate plan's status (see instr	uctions for attachment of	f supporting e	evidence of	plan's status). If				
	o item 5								С
b Funded percent	age for monitoring plan's stat	us (line 1b(2) divided by	line 1c(3))			4b		(62.3 %
c Is the plan makin	ng the scheduled progress unde	er any applicable funding i	mprovement o	or rehabilitati	ion plan?			Yes	No
d If the plan is in o	critical status, were any adjus	table benefits reduced?						X Yes	No
	' enter the reduction in liability								
	date							26	6004638
	nod used as the basis for this						l .		
a Attained ag		Entry age normal	С	_	ed benefit (unit		d	Aggregate	
e Frozen initi	ial liability f 🗒 I	ndividual level premium	g	Individ	dual aggregate		h	Shortfall	
i Reorganiza	. :	Other (specify):			55 5		L	_	
1 Conganiza	guon , ·	, a. (op co),							
k If box h is check	xed, enter period of use of sho	ortfall method				5k			
_	een made in funding method							Yes	X No
_	was the change made pursua								No
·	and line m is "No," enter the change in funding method	,	•	`	,	5n			
	actuarial assumptions:								
	·						6a	Τ .	4 47 0/
a interest rate for	"RPA '94" current liability				etirement			etirement	4.47 %
h Pates specified	in insurance or annuity contra	acte		☐ Yes ☐	No X N/A		☐ Yes ☐	No X N/A	
	· ·			□ '~ □			☐ 103 <u></u>	110 11/1	
•	ode for valuation purposes:		(4)						
` '		-	• •			A			A
. ,						Α			A
d Valuation liability	y interest rate	6	id		7.2	25%		-	7.25 %
e Expense loading	g	6	ie	69.6%		N/A	%	>	X N/A
f Salary scale		6	Sf	%	X	N/A			
Estimated inves	tment return on actuarial valu	 le of assets for vear endi	ng on the val	uation date	·	6q			6.5 %

13.0 %

h Estimated investment return on current value of assets for year ending on the valuation date

7 New amortization bases established in the current							
(1) Type of base	(2) Initial bala		7400704	(3) An	nortization C	Charge/Credit	
1			37190704			3867648	
3			26930813			-2800670	
4			10768905			1119912	
8 Miscellaneous information:							
If a waiver of a funding deficiency has been a ruling letter granting the approval					а		
b Is the plan required to provide a Schedule of A	Active Participant Data? (See	the instructio	ns.) If "Yes,"	attach schedule.		X Yes No	
c Are any of the plan's amortization bases oper 2008) or section 431(d) of the Code?	3		` ' '	•		Yes No	
d If line c is "Yes," provide the following addition	al information:						
(1) Was an extension granted automatic appr	(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?						
(2) If line (1) is "Yes," enter the number of year	ars by which the amortization p	period was e	xtended	8d	(2)	_	
(3) Was an extension approved by the Internation 2008) or 431(d)(2) of the Code?					·	Yes No	
(4) If line (3) is "Yes," enter number of years to number of years in line (2))					(4)		
(5) If line (3) is "Yes," enter the date of the rul	ing letter approving the extens	sion		8d	(5)		
(6) If line (3) is "Yes," is the amortization base 6621(b) of the Code for years beginning a						Yes No	
If box 5h is checked or line 8c is "Yes," enter the year and the minimum that would have been a amortization base(s)	the difference between the mir required without using the sho	nimum requir	ed contribution or extending	on for the the			
9 Funding standard account statement for this plan							
	i year.						
Charges to funding standard account:				9	•	0	
a Prior year funding deficiency, if any						7041055	
b Employer's normal cost for plan year as of val	uation date			i	D	7041033	
C Amortization charges as of valuation date:			Outstar	nding balance			
(1) All bases except funding waivers and certa amortization period has been extended		9c(1)		1193872	2215	162324582	
(2) Funding waivers					0	0	
(3) Certain bases for which the amortization p	eriod has been extended	9c(3)			0	0	
d Interest as applicable on lines 9a, 9b, and 9c.				9	d	12279009	
e Total charges. Add lines 9a through 9d					e	181644646	
Credits to funding standard account:							
				9f		23560939	
f Prior year credit balance, if any						24016267	
g Employer contributions. Total from column (b) of line 3	1				24010207	
_			Outstar	nding balance	2004	400000400	
h Amortization credits as of valuation date		9h		387880	1884	106889496	
i Interest as applicable to end of plan year on li	nes 9f, 9g, and 9h			9	i	10277483	
j Full funding limitation (FFL) and credits:							
(1) ERISA FFL (accrued liability FFL)		9j(1)		842931	905		
(2) "RPA '94" override (90% current liability l	FFL)	9j(2)		1349950	925		
(3) FFL credit				9j((3)	0	
k (1) Waived funding deficiency				9k	(1)		
(2) Other credits				9k	(2)		
I Total credits. Add lines 9f through 9i, 9j(3), 9k	x(1), and 9k(2)			9	1	164744185	
m Credit balance: If line 9I is greater than line 9e							
n Funding deficiency: If line 9e is greater than line				9		16900461	

9 o	Cur	rent year's accumulated reconciliation account:		
	(1)	Due to waived funding deficiency accumulated prior to the 2011 plan year	9o(1)	0
	(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Co	de:	
		(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
		(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
	(3)	Total as of valuation date	90(3)	0
10	Con	tribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	16900461
11	Has	a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		X Yes No

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 12/31/2011
A Name of plan AUTOMOTIVE INDUSTRIES PENSION PLAN	B Three-digit 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD. OF TRUSTEES OF AUTOMOTIVE INDUSTRIES PENSION	D Employer Identification Number (EIN) 94-1133245
Part I Service Provider Information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the inform or more in total compensation (i.e., money or anything else of monetary value) in coplan during the plan year. If a person received only eligible indirect compensation from answer line 1 but are not required to include that person when completing the remains the information on Persons Receiving Only Eligible Indirect Compensation or provided that person when completing the remains the information on Persons Receiving Only Eligible Indirect Compensation or provided that person when completing the remains the information on Persons Receiving Only Eligible Indirect Compensation or provided that person when completing the remains the information of the informat	nnection with services rendered to the plan or the person's position with the or which the plan received the required disclosures, you are required to inder of this Part.
Check "Yes" or "No" to indicate whether you are excluding a person from the remain indirect compensation for which the plan received the required disclosures (see instructions).	nder of this Part because they received only eligible
b If you answered line 1a "Yes," enter the name and EIN or address of each person received only eligible indirect compensation. Complete as many entries as needed	
(b) Enter name and EIN or address of person who provided PRIVATE ADVISORS, LLC	d you disclosures on eligible indirect compensation
54-1886751	
(b) Enter name and EIN or address of person who provide	d you disclosure on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	d you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	d you disclosures on eligible indirect compensation

age 3 -	1	
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answered	l "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	address (see instructions)		
ATPA		·		,		
94-3187938	3					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 36 49	NONE	1224402	Yes No X	Yes No	0	Yes No
			(a) Enter name and EIN or	address (see instructions)		
91-1457076 (b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	1047547	Yes X No	Yes 🗵 No 🗌	0	Yes No
		((a) Enter name and EIN or	address (see instructions)		
SALTZMAN 94-2376174	N & JOHNSON	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	824379	Yes No X	Yes No	0	Yes No

Page :	3 -	2
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		(a) Enter name and EIN or	address (see instructions)		
MCMORG	AN & COMPANY	`	•	,		
52-233433	8					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	782753	Yes No X	Yes No	0	Yes No
			a) Enter name and FIN or	address (see instructions)		
GRAYSTO	NE CONSULTING			,		
26-431084		,				,
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	578813	Yes ☐ No 🗵	Yes No	0	Yes No
	1	(a) Enter name and EIN or	address (see instructions)		
FIFTH THI	RD ASSET MANAGEN	MENT				
34-117268	3					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	553532	Yes X No	Yes X No	0	Yes No X

Page	3 -	3
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		(a) Enter name and EIN or	address (see instructions)		
GLOBAL C	CURRENTS		,	(**************************************		
26-148241	5					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	431514	Yes X No	Yes 🛛 No 🗌	0	Yes No
			(a) Enter name and EIN or	address (see instructions)		
PENN CAF	PITAL MANAGEMENT		. ,	· · · · · · · · · · · · · · · · · · ·		
22-279684	8					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	382208	Yes 🛛 No 🗍	Yes 🛛 No 🗌	0	Yes No No
		((a) Enter name and EIN or	address (see instructions)		
CHARTWE	ELL INVESTMENT MA	NAGER	<u> </u>			
23-289124	3					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	365879	Yes No X	Yes No	0	Yes No

Page	3 -	4
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	Schedule C (Form 550	00) 2011		Page 3 - 4		
answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-			(a) Enter name and EIN or	address (see instructions)		
TRADEWII	NDS GLOBAL		,			
47-087510	3					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	296831	Yes X No	Yes 🛛 No 🗌	0	Yes No
			(a) Enter name and EIN or	address (see instructions)		
LINDQUIS	T LLP	<u> </u>	,			
52-238529	6					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	293165	Yes ☐ No 🗵	Yes No	0	Yes No
		((a) Enter name and EIN or	address (see instructions)		
INVESCO						
13-414742	4					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	254392	Yes No X	Yes No	0	Yes No

Page	3 -	5
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			a) Enter name and FIN or	address (see instructions)		
EAGLE GL	OBAL ADVISORS, LL		a) Lines hame and Lines.	address (see mendensite)		
76-051844	6					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	240719	Yes X No	Yes No 🗓	2568	Yes No X
		(a) Enter name and EIN or	address (see instructions)	,	<u> </u>
YUCAIPA			•	· · · · · · · · · · · · · · · · · · ·		
26-211990	7					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	218000	Yes ☐ No 🗵	Yes No	0	Yes No
	•	(a) Enter name and EIN or	address (see instructions)		
95-357155	NEW YORK					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 59 62 99	NONE	185396	Yes X No	Yes 🛛 No 🗌	0	Yes No

Page :	3 -	6
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		((a) Enter name and EIN or	address (see instructions)		
THE SEGA	AL COMPANY		· ·	<u>-</u>		
94-150399	9					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	173354	Yes No 🗵	Yes No	0	Yes No
			(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(C) Relationship to employer, employee	(d) Enter direct compensation paid	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you a
	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
28 51	NONE	128440	Yes No X	Yes No	0	Yes No
		(a) Enter name and EIN or	address (see instructions)		
TRUST BE	ENEFITS TECHNOLOG	GIES				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	119102	Yes No X	Yes No	0	Yes No

Page	3	-	7
Page	3	-	7

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in	total compensation
		(a) Enter name and EIN or	address (see instructions)		
AEW PAR	TNERS					
04-332943	3					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	83333	Yes No 🗵	Yes No	0	Yes No
		<u>'</u>	(a) Enter name and EIN or	address (see instructions)		
58-255287 (b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		01070	Yes No X	Yes No	0	Yes No
		(a) Enter name and EIN or	address (see instructions)		
GW CAPIT						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	73720	Yes No X	Yes No	0	Yes No

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		(a) Enter name and EIN or	address (see instructions)		
HORIZON	ACTURIAL SERVICE	S, LLC				
26-137069	8					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	37944	Yes No 🛚	Yes No	0	Yes No
	1	(a) Enter name and EIN or	address (see instructions)		
26-316586 (b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct compensation paid	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you a
	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
28 51	NONE	36245	Yes No X	Yes No	0	Yes No
		(a) Enter name and EIN or	address (see instructions)		
INTELLI-S 56-229308						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	25474	Yes ☐ No 🛛	Yes ☐ No ☐	0	Yes No N

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in	total compensation
		((a) Enter name and EIN or	address (see instructions)		
HEMMING	MORSE, INC.	<u> </u>				
94-272362	9					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	18343	Yes No 🗵	Yes No	0	Yes No
			a) Enter name and EIN or	address (see instructions)		
94-155366 (b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		13021	Yes No X	Yes No	U	Yes No
		((a) Enter name and EIN or	address (see instructions)		
94-285652	T					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 49	NONE	12372	Yes ☐ No X	Yes No N	0	Yes No

Page	3 -	1	0
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
		((a) Enter name and EIN or	address (see instructions)		
RESOURC	CE MANAGEMENT	•	•	,		
54-652555	8					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	9033	Yes No 🗵	Yes No	0	Yes No
		(a) Enter name and EIN or	address (see instructions)		-
SUBURBA	N PRESS			HUNDERBIRD PLACE		
			natwar	RD, CA 94545		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6842	Yes ☐ No 🗵	Yes No	0	Yes No
			(a) Enter name and EIN or	address (see instructions)		
FREMONT	BANK					
94-156902	5					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 49	NONE	6101	Yes No X	Yes No	0	Yes No

age	3	-	1	1	
Page	3	-	1	1	

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		(a) Enter name and EIN or			
JIM BENO				KLAND BLVD., SUITE 1 D, CA 94621		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	TRUSTEE	5265	Yes No X	Yes No	0	Yes No
		(a) Enter name and EIN or	address (see instructions)		
				1 0		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
EAGLE GLOBAL ADVISORS, LLC	(see instructions) 68	compensation 2568
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
INSIGHT & KNIGHT SECURITIES	SOFT DOLLAR COMMISSIO	DNS
76-0518446		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information				
4 Provide, to the extent possible, the following information for earthis Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete		
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide		
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide		

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Pa	rt III	Termination Information on Accountants and Enrolled Actuaries (see insection) (complete as many entries as needed)	structions)
а	Name		b ein:
С	Positio	n:	
d	Addres	es:	e Telephone:
Ex	olanatio	1:	
а	Name:		b EIN:
C	Positio		
d	Addres		e Telephone:
Exp	olanatio	n:	
а	Name:		b EIN:
С	Positio		
d	Addres		e Telephone:
Ex	olanatio	n:	
а	Name:		b EIN:
C	Positio		
d	Addres		e Telephone:
Ex	olanatio	n:	
а	Name:		b EIN:
C	Positio	n:	
d	Addres		e Telephone:
Ex	planatio	1:	

SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

DFE/Participating Plan Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

-	I			<u> </u>
For calendar plan year 2011 or fiscal	plan year beginning	01/01/2011	and ending 12/31/2011	
A Name of plan	ANI DI ANI		B Three-digit	. 001
AUTOMOTIVE INDUSTRIES PENSIC	IN PLAN		plan number (PN)	• 001
•				
C Plan or DFE sponsor's name as sh			D Employer Identification N	umber (EIN)
BD. OF TRUSTEES OF AUTOMOTIV	E INDUSTRIES PENS	SION	94-1133245	
		T DOA 1400 40 IF (1 1	1.11	- \
		CTs, PSAs, and 103-12 IEs (to be to report all interests in DFEs)	e completed by plans and DF	·ES)
a Name of MTIA, CCT, PSA, or 103	-12 IE: GOVERNMEN	NT SHORT TERM INVEST FUND		
b Name of sponsor of entity listed in	(a): BANK OF NE	W YORK MELLON		
C EIN-PN 13-6154008-012	d Entity C	Dollar value of interest in MTIA, Control 12 IE at end of year (see instruction)		0
			ons	
a Name of MTIA, CCT, PSA, or 103	-12 IE: PRIVATE AD	VISORS HEDGED EQUITY FUND		
b Name of sponsor of entity listed in	(a):	/ISORS HEDGED EQUITY FUND		
c EIN-PN 20-1079864-001	d Entity E code	Dollar value of interest in MTIA, Contraction 12 IE at end of year (see instruction)		28593650
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in	(a):			
	d Entity	e Dollar value of interest in MTIA, Co	CT. PSA. or 103-	
C EIN-PN	code	12 IE at end of year (see instruction		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in	(a):			
	d Entity	e Dollar value of interest in MTIA, Co	CT PSA or 103-	
C EIN-PN	code	12 IE at end of year (see instruction		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
-				
b Name of sponsor of entity listed in	(a):			
	d Entity	e Dollar value of interest in MTIA, Co	CT PSA or 103-	
C EIN-PN	code	12 IE at end of year (see instruction		
a Name of MTIA, CCT, PSA, or 103	-12 IF:	,		
a Maille OF WITTA, CCT, FSA, OF 103	- 12 IE.			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, Contraction 12 IE at end of year (see instruction)		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in	(a):			
-	d Entity	e Dollar value of interest in MTIA, Co	CT DSA or 103-	_
C EIN-PN	code	12 IE at end of year (see instruction		

e Dollar value of interest in MTIA, CCT, PSA, or 103-

e Dollar value of interest in MTIA, CCT, PSA, or 103-

12 IE at end of year (see instructions)

12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

C EIN-PN

C EIN-PN

d Entity

d Entity

code

code

F	art II	Information on Participating Plans (to be completed by DFEs)	
_	Plan na	(Complete as many entries as needed to report all participating plans)	
			e FIN DN
	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na		
b	Name o		C EIN-PN
а	Plan na		
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN

SCHEDULE G (Form 5500)

Department of Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Transaction Schedules

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For c	alendar plan year 20	011 or fiscal plan year begin	ning 01/01	/2011	and er	nding 12/31/2011				
	me of plan	EO DENOION DI ANI				B Three-digit		004		
AUTO	MOTIVE INDUSTRI	ES PENSION PLAN				plan number (PN)	•	001		
C Pla	an sponsor's name a	as shown on line 2a of Form	5500			D Employer Identifica	tion Number (EII	V)		
		UTOMOTIVE INDUSTRIES				94-1133245	(-,		
						04 1100Z40				
Part	Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor									
		s many entries as needed to be a party in interest. Attach					e. Check box (a)	if obligor		
				· ·	ed description of loan inclu		naturity, interest	rate, the		
(a)	(b) Ide	entity and address of obligor	•	type	and value of collateral, any	 renegotiation of the loan and other material items 		the		
	NATIONAL STL CO	ORP 1ST MTG		NATIONAL	STL CORP 1ST MTGE F/R	R, 8.37% INTEREST RATE				
	4100 EDISON LAK	ES PARKWAY		DEFAULTE	D ON PRINCIPAL PAYME	NT OF \$49,516				
	MISHAWAKA, IN 4									
		Amount received du	ırina reportina	vear		Amount	overdue			
(d) (Driginal amount of	(e) Principal	(f) Inte		(g) Unpaid balance at end	(h) Principal	(i) Intere	net .		
ioan			(1) 1110		of year		(i) intere			
	300000				49516	49516				
(a)	(b) lde	entity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items						
					· onegetiatie	., and only material nome				
	Amount received during reporting					Amount	overdue			
(d) (Original amount of	Amount received during reporting			(g) Unpaid balance at end					
(- ,	loan	I (e) Principal I (t) into		erest	of year	(h) Principal	(i) Intere	est		
					ed description of loan inclu					
(a)	(b) Ide	entity and address of obligor	•	type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items						
						,				
		Amount received du	iring reporting	vear		Δmount	overdue			
		/ who will received de	anny reporting	, Jui		Amount				
(d) (Original amount of	(a) Dringing	(f) t	araat .	(g) Unpaid balance at end	(h) Dringing	(i) lete ::			
(d) (Original amount of loan	(e) Principal	(f) Inte	erest	(g) Unpaid balance at end of year	(h) Principal	(i) Intere	est		

Page **3 -** 1

Part II	Schedule of Leases in Default or Classified as Uncollectible Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)							lessee is known to be a		
(a)	(b) Identity of lessor/lessee			Relationship to plan, employ ployee organization, or othe party-in-interest	er,	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)				
(e) Or	riginal cost	(f) Current value at t lease	ime of	(g) Gross rental receipts during the plan year	(h) l	Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears		
(a)	(c) Relationship to plan, employer, employee organization, or other party-in-interest (c) Relationship to plan, employer, employee, organization, or other party-in-interest (d) Terms and description (type of property, location and organization, or other expenses, renewal options, date property was least					nsurance, repairs,				
(e) Or	riginal cost	(f) Current value at t lease	ime of	(g) Gross rental receipts during the plan year	(h) l	Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears		
(a)	(b) Identity	of lessor/lessee		Relationship to plan, employ ployee organization, or othe party-in-interest		purchased, te	scription (type of property, learns regarding rent, taxes, renewal options, date property	nsurance, repairs,		
(e) Or	riginal cost	(f) Current value at t lease	ime of	(g) Gross rental receipts during the plan year	(h) l	Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears		
(a)	(b) Identity	of lessor/lessee		Relationship to plan, employ ployee organization, or othe party-in-interest		purchased, te	scription (type of property, learns regarding rent, taxes, in the renewal options, date property.	nsurance, repairs,		
(e) Or	riginal cost	(f) Current value at t lease	ime of	(g) Gross rental receipts during the plan year	(h) l	Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears		
(a)	(b) Identity	of lessor/lessee		Relationship to plan, employ ployee organization, or othe party-in-interest		purchased, te	scription (type of property, learns regarding rent, taxes, in the renewal options, date property.	nsurance, repairs,		
(e) Or	riginal cost	(f) Current value at t lease	ime of	(g) Gross rental receipts during the plan year	(h) l	Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears		
(a)	(b) Identity	of lessor/lessee	` '	Relationship to plan, employ ployee organization, or othe party-in-interest		purchased, te	scription (type of property, learns regarding rent, taxes, irenewal options, date property	nsurance, repairs,		
				party-in-interest						
				party-in-interest						

Page	4	-
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Schedule G (Form 5500) 2011

Part III Nonexempt Transactions Complete as many entries as needed to report all nonexempt transactions. Caution: If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.							
	(b) Relationship	to plan, employer,	(c) De	scription of transaction incl	(d) Purchase price		
ling price	(f)	Lease rental	(g) Transaction expenses	on	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
of party involv	ed						(d) Purchase price
			(n) Transactio	20	I	(i) Current value of	(j) Net gain (or loss) on
ling price	(f)	Lease rental	expenses) i i	(h) Cost of asset	asset	each transaction
		(b) Relationship	to plan, employer.	(c) De	l escription of transaction incl	uding maturity date, rate	(1) D
ty of party invo	lved			(0,00			(d) Purchase price
ling price	(f)	Lease rental	(g) Transaction expenses	on	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		(h) Dalatianahin	to plan ample on	(a) Da			
of party involv	ed						(d) Purchase price
(e) Selling price (f) Lease rental (g) Transaction expenses (h) Cost of asset asset				(i) Current value of asset	(j) Net gain (or loss) on each transaction		
of party involv	ed						(d) Purchase price
ling price	(f)	Lease rental	(0)	on	(h) Cost of asset	(i) Current value of	(j) Net gain (or loss) on each transaction
			ехрепзез			asset	Gacii II aii Sactioii
of party involv	ed						(d) Purchase price
ling price	(f)	Lease rental	(g) Transaction expenses	on	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
	Complete as to a disquality of party involved ling price In a disquality of party involved ling price	Complete as many to a disqualified per of party involved ling price (f) ty of party involved ling price (f) of party involved	Complete as many entries as needed to a disqualified person, file Form 533 of party involved (b) Relationship or other party-in (b) Relationship or other party-in (c) Relationship or other party-in (d) Relationship or other party-in (e) Relationship or other party-in (f) Lease rental (g) Relationship or other party-in (h) Relationship or other party-in	Complete as many entries as needed to report all nonexe to a disqualified person, file Form 5330 with the IRS to pa of party involved (b) Relationship to plan, employer, or other party-in-interest (g) Transactic expenses (h) Relationship to plan, employer, or other party-in-interest (g) Transactic expenses (g) Transactic expenses	Complete as many entries as needed to report all nonexempt trate to a disqualified person, file Form 5330 with the IRS to pay the expenses	Complete as many entries as needed to report all nonexempt transactions. Caution: If a no to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction. Of party involved (b) Relationship to plan, employer, or other party-in-interest (c) Description of transaction inclided interest, collateral, par or matural (d) Transaction (expenses) (h) Cost of asset (exp	Complete as many entries as needed to report all nonexempt transactions. Caution: If a nonexempt prohibited transaction or a disqualified person, life Form \$330 with the IRS to pay the excise tax on the transaction. Professional content of the party involved of party involved of party involved of the party-in-interest of interest, collateral, par or maturity value of asset of interest, collateral, par or maturity date, rate of interest, collateral, par or maturity value of asset of interest, collateral, par or maturity date, rate of interest, collateral, par or maturity date, rate of interest, collateral, par or maturity date, rate of interest, collateral, par or maturity value of asset or other party-in-interest. Of party involved (b) Relationship to plan, employer, or other party-in-interest. (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value of asset

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	inspection
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 12/31/2011
A Name of plan AUTOMOTIVE INDUSTRIES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
BD. OF TRUSTEES OF AUTOMOTIVE INDUSTRIES PENSION	94-1133245

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	7889431	3520550
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1700000	1600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17374612	13135762
C General investments: (1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		72970026
(2) U.S. Government securities	1c(2)	113696359	120947151
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	220858017	180300788
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	752809817	653125646
(5) Partnership/joint venture interests	1c(5)	91079679	33335244
(6) Real estate (other than employer real property)	1c(6)	11094601	51967665
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	54891989	
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		28593650
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	554310	835705
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	654373	47510

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1272603188	1160379697
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1153467	861630
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	3327566	1151512
k	Total liabilities (add all amounts in lines 1g through1j)	1k	4481033	2013142
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	1268122155	1158366555
	·	_	-	•

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	24016267	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		24016267
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8761	
(B) U.S. Government securities	2b(1)(B)	5463775	
(C) Corporate debt instruments	2b(1)(C)	14430654	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	651591	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20554781
(2) Dividends: (A) Preferred stock	2b(2)(A)	293866	
(B) Common stock	2b(2)(B)	14485419	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8304	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		14787589
(3) Rents	2b(3)		234085
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1240419580	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1306573787	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-66154207

2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)
Add lines 2b(5)(A) and (B)
(7) Net investment gain (loss) from pooled separate accounts
(8) Net investment gain (loss) from master trust investment accounts
(9) Net investment gain (loss) from 103-12 investment entities
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)
companies (e.g., mutual funds)
d Total income. Add all income amounts in column (b) and enter total
Expenses Benefit payment and payments to provide benefits: (1) Directly to participants or beneficiaries, including direct rollovers 2e(1) 130349668 (2) To insurance carriers for the provision of benefits 2e(2) (3) Other 2e(3)
Penefit payment and payments to provide benefits: (1) Directly to participants or beneficiaries, including direct rollovers 2e(1) 130349668 (2) To insurance carriers for the provision of benefits 2e(2) (3) Other 2e(3)
(1) Directly to participants or beneficiaries, including direct rollovers
(2) To insurance carriers for the provision of benefits 2e(2) (3) Other 2e(3)
(3) Other
(4) Total benefit payments. Add lines 2e(1) through (3) 2e(4) 130349668
(4) Total botton paymonto. Add into 20(1) through (0)
f Corrective distributions (see instructions)
g Certain deemed distributions of participant loans (see instructions)2g
h Interest expense
i Administrative expenses: (1) Professional fees
(2) Contract administrator fees
(3) Investment advisory and management fees
(4) Other
(5) Total administrative expenses. Add lines 2i(1) through (4)
j Total expenses. Add all expense amounts in column (b) and enter total 2j
Net Income and Reconciliation
k Net income (loss). Subtract line 2j from line 2d
Transfers of assets:
(1) To this plan
(2) From this plan
(2) 110III tilis piai1
Part III Accountant's Opinion
3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is no attached.
a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
(1) 🛮 Unqualified (2) 🗌 Qualified (3) 📗 Disclaimer (4) 🗌 Adverse
b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?
C Enter the name and EIN of the accountant (or accounting firm) below:
(1) Name: LINDQUIST LLP (2) EIN: 52-2385296
d The opinion of an independent qualified public accountant is not attached because: (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Pa	rt IV	Compliance Questions					
4	CCTs 103-12	and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, at less also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5.		
	During	the plan year:		Yes	No	Am	ount
а	period	nere a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures lly corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans d by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b	X			300000
С	Were a	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	reporte	here any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		
_				Χ			500000
e		nis plan covered by a fidelity bond?	4e				300000
f	by frau	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused id or dishonesty?	4f		Х		
g		e plan hold any assets whose current value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4g		Х		
h		e plan receive any noncash contributions whose value was neither readily inable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, e instructions for format requirements.)	4i	Х			
j	value o	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j	X			
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		Х		
ı	Has th	e plan failed to provide any benefit when due under the plan?	41		X		
m		s an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		Х		
5a		solution to terminate the plan been adopted during the plan year or any prior plan year? " enter the amount of any plan assets that reverted to the employer this year	Yes	s X No	Amoun	t:	
5b	transfe	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, identi	fy the pla	an(s) to which	ch assets or lia	bilities were
	30 (1) 1	Name of plan(s)			5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation pedule is required to be filed under section 104 and 4065 of the

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

Retirement Plan Information

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and e	nding)	12/31/2	011			
A Name of plan AUTOMOTIVE INDUSTRIES PENSION PLAN B Three-digit plan number (PN)								
				<u>, </u>				
Сг	Plan sponsor's name as shown on line 2a of Form 5500	D	Fmp	lover Ide	entifica	tion Number	(FIN)	
BD. (OF TRUSTEES OF AUTOMOTIVE INDUSTRIES PENSION			-			(=,	
			94	-113324	+5			
Pa	nrt I Distributions							
	references to distributions relate only to payments of benefits during the plan year.							
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions			4				
2			Į	1	. ()		N ()	h - 1
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries duri payors who paid the greatest dollar amounts of benefits):	ing tr	ne year	r (it mor	e tnan	two, enter Ell	NS OT T	ne two
	EIN(s):							
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.							
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year	•		3				0
D	art II Funding Information (If the plan is not subject to the minimum funding requirements of				41 1-4	amal Davison	- 0	
Г	ERISA section 302, skip this Part)	Ji sec	CHOIL O	141201	the int	emai Revenu	e Coa	e or
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?				Yes	X No		N/A
	If the plan is a defined benefit plan, go to line 8.							
5								
J	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 ruling letter granting the waiver. Date: Mon	th		Da	ıV	Yea	r	
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the rei				•			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated fund		Ī					
	deficiency not waived)	-		6a				
	b Enter the amount contributed by the employer to the plan for this plan year		ŀ	6b				
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		•					
			[6c				
7	If you completed line 6c, skip lines 8 and 9.			_		_		
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?				Yes	No		N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or o							
	authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or administrator agree with the change?			П	Yes	No		X N/A
_								
Pa	art III Amendments							
9	If this is a defined benefit pension plan, were any amendments adopted during this plan							
	year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	ase		X Decre	ase	Both	Ī	No
Pa	rt IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7)				nue Code		_
. u	skip this Part.	~)(r)	J. 111C	писта				
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repa	ay an	y exen	npt loan	?	T	es	No
11	a Does the ESOP hold any preferred stock?					Y	es	No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "					Пү	es	No
	(See instructions for definition of "back-to-back" loan.)					<u>-</u>		
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?					∐ Y	es	No

Pa	rt V	Additional Information for Multiemployer Defined Benefit Pension Plans						
13		nter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ollars). See instructions. Complete as many entries as needed to report all applicable employers.						
	а	Name of contributing employer GILLIG CORPORATION						
	b	EIN 26-3085364 C Dollar amount contributed by employer 2277674						
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2012						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Unit of production Otherwise, complete items 13e(1) and 13e(2).) (3) Weekly Unit of production Otherwise, complete items 13e(1) and 13e(2).) (4) Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (5) Contribution rate (in dollars and cents) (6) Weekly Unit of production Otherwise, complete items 13e(1) and 13e(2).)						
	а	Name of contributing employer UNITED PARCEL SERVICE						
	b	EIN 95-1732075 C Dollar amount contributed by employer 3327158						
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name of contributing employer SSA TERMINALS						
	b	EIN 91-1983909 C Dollar amount contributed by employer 1862000						
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) 700.00 MONTHLY (2) Base unit measure: Hourly Weekly Unit of production X Other (specify):						
	а	Name of contributing employer						
	b	EIN C Dollar amount contributed by employer						
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name of contributing employer						
	b	EIN C Dollar amount contributed by employer						
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Unit of production Other (specify):						
	а	Name of contributing employer						
	b	EIN C Dollar amount contributed by employer						
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):						

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14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:				
	a The current year	14a	69		
	b The plan year immediately preceding the current plan year	14b	7		
	C The second preceding plan year	14c	273		
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:				
	a The corresponding number for the plan year immediately preceding the current plan year		1.00		
	b The corresponding number for the second preceding plan year	15b	0.99		
16					
	a Enter the number of employers who withdrew during the preceding plan year		10		
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	18676710		
17	17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.				
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans		
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment				
19	If the total number of participants is 1,000 or more, complete items (a) through (c) a				