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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                   |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                          |
| For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010 |                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                     |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                             |

|         |                                                                                                                                                                                                        |                                                                                                                                                                 |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                 |                                                                                                                                                                 |
| 1a      | Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO                                                                                                                                    | 1b Three-digit plan number (PN) ▶ 001                                                                                                                           |
|         |                                                                                                                                                                                                        | 1c Effective date of plan<br>09/28/1960                                                                                                                         |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>AAA NORTHWEST OHIO<br><br>7150 WEST CENTRAL AVENUE<br>TOLEDO, OH 43617-1163 | 2b Employer Identification Number (EIN)<br>34-4374445<br><br>2c Sponsor's telephone number<br>419-843-1200<br><br>2d Business code (see instructions)<br>488990 |

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE | Filed with authorized/valid electronic signature. | 06/01/2011 | RICHARD KIRSCH                                               |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 06/01/2011 | RICHARD KIRSCH                                               |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                        |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>AAA NORTHWEST OHIO<br><br>7150 WEST CENTRAL AVENUE<br>TOLEDO, OH 43617-1163 | <b>3b</b> Administrator's EIN<br>34-4374445<br><br><b>3c</b> Administrator's telephone number<br>419-843-1200 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
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|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 215 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 118 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 37  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 59  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 214 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 2   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 216 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 15  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 1A 1G

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)  
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☒ **H** (Financial Information)  
 (2) ☐ **I** (Financial Information – Small Plan)  
 (3) ☐ **A** (Insurance Information)  
 (4) ☒ **C** (Service Provider Information)  
 (5) ☐ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO</u>                                                       | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AAA NORTHWEST OHIO</u>                                     | <b>D</b> Employer Identification Number (EIN)<br><u>34-4374445</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                         | <b>Basic Information</b>                                    |
| <b>1</b> Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2009</u>                                                                                                                     |                                                             |
| <b>2</b> Assets:                                                                                                                                                                                      |                                                             |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b> <u>4647503</u>                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> <u>5112253</u>                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                   |                                                             |
|                                                                                                                                                                                                       | <b>(1) Number of participants</b> <b>(2) Funding Target</b> |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b> <u>32</u> <u>1243160</u>                          |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> <u>60</u> <u>1086631</u>                          |
| <b>c</b> For active participants:                                                                                                                                                                     |                                                             |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                  | <b>3c(1)</b> <u>108655</u>                                  |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                      | <b>3c(2)</b> <u>2377361</u>                                 |
| <b>(3)</b> Total active .....                                                                                                                                                                         | <b>3c(3)</b> <u>123</u> <u>2486016</u>                      |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> <u>215</u> <u>4815807</u>                         |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                                                   |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                | <b>5</b> <u>7.04</u> %                                      |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b> <u>233199</u>                                      |

**Statement by Enrolled Actuary**

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

|                                                                         |                                        |
|-------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                        | <u>03/22/2011</u>                      |
| Signature of actuary                                                    | Date                                   |
| <u>DAVID M. DAVALA</u>                                                  | <u>08-07402</u>                        |
| Type or print name of actuary                                           | Most recent enrollment number          |
| <u>FINDLEY DAVIES, INC.</u>                                             | <u>216-875-1900</u>                    |
| Firm name                                                               | Telephone number (including area code) |
| <u>1300 E. 9TH STREET, SUITE 850</u><br><u>CLEVELAND, OH 44114-1516</u> |                                        |
| Address of the firm                                                     |                                        |

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

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

**Schedule SB (Form 5500) 2009**  
**v.092308.1**

| Part II Beginning of year carryover and prefunding balances |                                                                                                 | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 367776                | 0                      |
| 8                                                           | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| 9                                                           | Amount remaining (Item 7 minus item 8).....                                                     | 367776                | 0                      |
| 10                                                          | Interest on item 9 using prior year's actual return of <u>-5.66</u> % .....                     | -20816                |                        |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a                                                           | Excess contributions (Item 38 from prior year) .....                                            |                       | 157598                 |
| b                                                           | Interest on (a) using prior year's effective rate of <u>6.26</u> % .....                        |                       | 9866                   |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 167464                 |
| d                                                           | Portion of (c) to be added to prefunding balance.....                                           |                       | 167464                 |
| 12                                                          | Reduction in balances due to elections or deemed elections.....                                 | 0                     | 0                      |
| 13                                                          | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 346960                | 167464                 |

| Part III Funding percentages |                                                                                                                                                                 |    |          |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                           | Funding target attainment percentage.....                                                                                                                       | 14 | 95.47 %  |
| 15                           | Adjusted funding target attainment percentage.....                                                                                                              | 15 | 106.15 % |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 92.33 %  |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | 17 | %        |

| Part IV Contributions and liquidity shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 12/15/2009                                                                        | 80000                             |                                 | 06/11/2010               | 40000                             |                                 |
| 01/12/2010                                                                        | 40000                             |                                 | 07/13/2010               | 40000                             |                                 |
| 02/11/2010                                                                        | 40000                             |                                 | 08/11/2010               | 40000                             |                                 |
| 03/11/2010                                                                        | 40000                             |                                 |                          |                                   |                                 |
| 04/12/2010                                                                        | 40000                             |                                 |                          |                                   |                                 |
| 05/11/2010                                                                        | 40000                             |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 400000                          |
|                                                                                   |                                   |                                 |                          | 18(c)                             | 0                               |

|                                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| a Contributions allocated toward unpaid minimum required contribution from prior years.....                                   | 19a 0                                                               |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b 0                                                               |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c 384591                                                          |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |

| Liquidity shortfall as of end of Quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b> 4                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 66                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 233199             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 233199             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 233199             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 384591             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 151392             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                             |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                                           |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2009</b>                                                 |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b>              |
| For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010                                                                                                                                |                                                                                                                                                                                                                        |                                                             |
| <b>A</b> Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO                                                                                                                                              |                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AAA NORTHWEST OHIO                                                                                                                                       |                                                                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br>34-4374445 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

FINDLEY DAVIES, INC.

34-1213174

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 50                         | NONE                                                                                                     | 30901                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

THE TRUST COMPANY OF TOLEDO

34-1661757

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21 50 52 63                   | TRUSTEE                                                                                                  | 16597                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 16741                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

**(a)** Enter name and EIN or address (see instructions)

SPILMAN, HILLS & HEIDEBRINK, LTD.

34-1833111

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 7000                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (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 |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                                                                                   |                     |              |
|--------------------|-----------------------------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | PAUL J. GIBBONS, 08-06478                                                         | <b>b</b> EIN:       | 34-1213174   |
| <b>c</b> Position: | ACTUARY                                                                           |                     |              |
| <b>d</b> Address:  | FINDLEY DAVIES, INC.<br>1300 E. 9TH STREET, SUITE 850<br>CLEVELAND, OH 44114-1516 | <b>e</b> Telephone: | 216-875-1900 |

Explanation: REASSIGNMENT WITHIN FIRM.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>09/01/2009</b> and ending <b>08/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO</b>                      | <b>B</b> Three-digit plan number (PN)                                  | <b>001</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AAA NORTHWEST OHIO</b>               | <b>D</b> Employer Identification Number (EIN)<br><br><b>34-4374445</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 19238                 | 19937           |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 579387                | 406270          |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | 917456                | 908272          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 789377                | 891948          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 2342045               | 2857068         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 4647503               | 5083495         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 4647503 | 5083495 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 400000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 400000    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 623   |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 43269 |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 41308 |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |       |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 85200 |

|                                                                                           |                 |       |       |
|-------------------------------------------------------------------------------------------|-----------------|-------|-------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |       |       |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |       |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 34736 |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |       | 34736 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |         |       |
|-------------------------------------------------------------------------------------------|-----------------|---------|-------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 1085826 |       |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 1090510 |       |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |         | -4684 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 73216      |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 73216     |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 114180    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 702648    |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 202460 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 202460 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 39530  |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 24666  |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 64196  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 266656 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 435992 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |        |

**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 not 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)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SPILMAN, HILLS & HEIDEBRINK, LTD.

(2) EIN: 34-1833111

**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.

**Part IV Compliance Questions**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |         |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
If yes, enter the amount of any plan assets that reverted to the employer this year ..... ☐ Yes ☒ No Amount:

- 5b** 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.)

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010

|                                                                                            |                                                                    |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO</u>        | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AAA NORTHWEST OHIO</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-4374445</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                          | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): <u>34-1661757</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                               |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                         |                                                                                                                         |                             |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                     | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                    |                                                                                                                         |                             |                                         |
| <b>5</b> 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: Month _____ Day _____ Year _____                        | If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                             | <b>6a</b>                                                                                                               |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                              | <b>6b</b>                                                                                                               |                             |                                         |
| <b>c</b> 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).....                                                                                                         | <b>6c</b>                                                                                                               |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                           |                                                                                                                         |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                      | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... | <input checked="" type="checkbox"/> Yes                                                                                 | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                              |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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(es). If no, check the "No" box..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2009  
v.092308.1

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** 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 \_\_\_\_\_

**e** 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): \_\_\_\_\_

**a** 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 \_\_\_\_\_

**e** 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): \_\_\_\_\_

**a** 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 \_\_\_\_\_

**e** 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): \_\_\_\_\_

**a** 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 \_\_\_\_\_

**e** 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): \_\_\_\_\_

**a** 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 \_\_\_\_\_

**e** 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): \_\_\_\_\_

**a** 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 \_\_\_\_\_

**e** 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): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension 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** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**RETIREMENT PLAN FOR EMPLOYEES  
OF AAA NORTHWEST OHIO  
FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES  
FOR THE YEARS ENDED  
AUGUST 31, 2010 AND 2009**

*See Independent Auditors' Report*

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*Independent Auditors' Report*

Plan Administrator  
Retirement Plan for Employees  
of AAA Northwest Ohio  
Toledo, Ohio

We were engaged to audit the financial statements of the Retirement Plan for Employees of AAA Northwest Ohio (the Plan) as of August 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of and for the year ended August 31, 2010, as listed in the table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Trust Company of Toledo, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended August 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Spilman, Hills & Heidebrink, Ltd.*

April 15, 2011

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS  
AUGUST 31, 2010 AND 2009

|                                            | <u>2010</u>         | <u>2009</u>         |
|--------------------------------------------|---------------------|---------------------|
| Investments, at Fair Value (Notes 4 and 5) |                     |                     |
| Mutual funds                               | \$ 2,857,068        | \$ 2,342,045        |
| U.S. Government and agency obligations     | 908,272             | 917,456             |
| Corporate bonds                            | 891,948             | 789,377             |
| Money market savings fund                  | 306,270             | 579,387             |
| Interest-bearing cash                      | <u>100,000</u>      | <u>-</u>            |
| Total Investments                          | 5,063,558           | 4,628,265           |
| Interest and Dividends Receivable (Note 4) | <u>19,937</u>       | <u>19,238</u>       |
| Assets Available for Benefits              | <u>\$ 5,083,495</u> | <u>\$ 4,647,503</u> |

*See Independent Auditors' Report  
and Accompanying Notes*

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

|                                                    | <u>2010</u>                | <u>2009</u>                |
|----------------------------------------------------|----------------------------|----------------------------|
| Additions to Assets Attributed to                  |                            |                            |
| Investment income (loss) (Note 4)                  |                            |                            |
| Net realized and unrealized gains (losses)         |                            |                            |
| on investments                                     | \$ 182,712                 | \$ (391,437)               |
| Interest and dividends                             | <u>119,936</u>             | <u>139,828</u>             |
| Total Investment Income (Loss)                     | 302,648                    | (251,609)                  |
| Employer contributions                             | <u>400,000</u>             | <u>475,451</u>             |
| Total Additions                                    | 702,648                    | 223,842                    |
| Deductions from Assets Attributed to               |                            |                            |
| Benefit payments                                   | 202,460                    | 161,152                    |
| Administrative expenses                            | <u>64,196</u>              | <u>45,758</u>              |
| Total Deductions                                   | <u>266,656</u>             | <u>206,910</u>             |
| Change in Assets Available for Benefits            | 435,992                    | 16,932                     |
| Assets Available for Benefits at Beginning of Year | <u>4,647,503</u>           | <u>4,630,571</u>           |
| Assets Available for Benefits at End of Year       | <u><u>\$ 5,083,495</u></u> | <u><u>\$ 4,647,503</u></u> |

*See Independent Auditors' Report  
and Accompanying Notes*

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the Retirement Plan for Employees of AAA Northwest Ohio (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

**General** - The Plan is a defined benefit plan established for the principal purpose of providing employees of AAA Northwest Ohio, Automobile Club Insurance Agency of Toledo, Inc., Northwest Ohio Auto Repair, LLC, and Northwest Ohio Towing, LLC, (collectively, AAA) with supplemental income upon retirement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In August 2010, the Board of Trustees of AAA Northwest Ohio voted to freeze the Plan effective December 31, 2010 with regards to participation, compensation and credited service. Participants age 50 and over as of that date who have 10 years or more of credited service may accrue up to another 5 years of credited service, however, monthly average compensation for calculation of the monthly pension benefit (see below) will be calculated as if the participant were terminated as of December 31, 2010. No new participants will be allowed to enter the Plan after December 31, 2010.

**Pension Benefits** - Participants are entitled to monthly pension benefits beginning at normal retirement (the later of attaining age 65 or the completion of 5 years of service in the Plan), in an amount equal to the sum of 1.30% of Plan compensation plus 0.65% of Plan compensation in excess of covered compensation multiplied by the number of years of credited service. Plan compensation is defined by the Plan agreement as the monthly average of the highest 5 consecutive annual compensation amounts. Covered compensation is defined as the monthly average of the social security taxable wage bases in the 35 consecutive calendar years that end with the year in which the employee attains social security retirement age. A year of service is credited to a participant for each Plan year the participant completes 1,000 hours of service after attaining the age of 21. Years of service cannot exceed 35 years and employees may be credited for employment at other AAA clubs under certain conditions.

The Plan provides for normal retirement benefits commencing at age 65, or reduced benefits at early retirement (ages 60-64 with 5 years of service), and permits late retirement. Accrued benefits become fully vested after completion of 5 years of credited service. If the participant's vested portion of the present value of their accrued benefit does not exceed \$1,000, payment will be made in a lump sum without the participant's consent.

Participants choose from a number of life annuity options or installment payments, within certain limitations as defined by the Plan, beginning at retirement. If a participant dies prior to the completion of 120 monthly payments, such payments will be continued to the participant's beneficiary until the total number of payments reaches 120, subject to certain provisions.

**Death Benefits** - A vested participant who dies prior to receiving benefits under the Plan and was married at the time of death will have the benefit paid to the spouse in the form of a 50% surviving spouse annuity.

*See Independent Auditors' Report*

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

**NOTE 1 - DESCRIPTION OF PLAN (Continued)**

**Disability Benefits** - If an active participant, prior to attaining age 65 and with a vested interest in the Plan, becomes totally and permanently disabled, a disability pension calculated in a manner similar to an early retirement pension is paid to the participant.

**Plan Termination** - Although it has not expressed any intention to do so, AAA has the right under the Plan to terminate the Plan subject to provisions set forth by ERISA. In the event the Plan terminates, its net assets will be allocated, as prescribed by ERISA, generally to provide the following benefits in the order indicated:

- a. Certain annuity benefits that former employees or their beneficiaries' are receiving or that employees eligible for retirement would have been receiving had they retired.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. Government agency, up to the applicable limitations as discussed below.
- c. All other vested benefits.
- d. All nonvested benefits.

The PBGC guarantees most, but not all, vested retirement benefits and certain disability and survivors' pensions. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Should the Plan terminate at some future time, the benefits received by participants will depend on the sufficiency of the Plan's net assets to provide those benefits at that time and also on the level of benefits guaranteed by the PBGC.

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting** - The accounts of the Plan are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Valuation of Investments and Income Recognition** - The Plan utilizes fair value measurements to record fair value adjustments to investments and to determine fair value disclosures. Mutual funds, U.S. Government and agency obligations, corporate bonds and the money market savings fund are recorded at fair value on a recurring basis.

The Plan classifies its investments at fair value in three levels based on the markets in which the investments are traded and the reliability of the assumptions used to determine fair value. Level 1 refers to securities valued using quoted prices in active markets for identical assets. Level 2 refers to securities not traded in an active market but for which observable market inputs are readily available. Level 3 refers to securities valued based on significant unobservable inputs. See Note 5 for information regarding fair value measurements of the Plan's investments.

*See Independent Auditors' Report*

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Valuation of Investments and Income Recognition (Continued)**

Net realized and unrealized gains and losses on investment transactions include the Plan's gains and losses on investments bought and sold as well as held during the year. Investment income of the Plan is recorded when earned. Dividend income is recorded on the ex-dividend date.

**Contributions** - Employer contributions are made in amounts sufficient to fund the Plan's normal cost on a current basis and to fund prior service cost plus interest thereon over a period of 7 years. The Plan has met the minimum funding requirements of ERISA.

**Benefit Payments** - Benefit payments to participants or their beneficiaries are recorded when paid.

**Party-in-interest Expenses** - AAA has the option of paying administrative expenses of the Plan or passing them on to the Plan. Professional fees, including actuarial, administrative, audit, legal, trustee and investment advisory expenses of \$56,127 in 2010 and \$39,389 in 2009 were paid by the Plan.

**Income Taxes** - The Internal Revenue Service has determined and informed the Plan administrator in a letter dated March 10, 2005, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the Code). Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and that the Plan is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Subsequent Events** - Management of the Plan has evaluated subsequent events for recognition or disclosure in the financial statements through April 15, 2011, the date the financial statements were available to be issued.

**Risks and Uncertainties** - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Plan's financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Estimates and Assumptions** - The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Most significantly, contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics, all of which are subject to change. It is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in the assumptions, the effect of such changes could be material to the financial statements. Accordingly, actual results may differ from those estimates.

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated Plan benefits are those future periodic payments to which participants are entitled under the Plan's provisions based on services rendered to the valuation date. Accumulated Plan benefits include benefits expected to be paid to a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died, and c) present employees or their beneficiaries.

The Plan's actuary estimates the actuarial present value of accumulated Plan benefits, which is the amount resulting from application of actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of benefit payments (by means of decrements for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant assumptions used in the determination of the actuarial present value of accumulated Plan benefits were as follows as of September 1, 2010:

|                         |                                                                                                                                                                                                                                                                |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality basis         | RP-2000 Static, non-generational mortality table with combined rates for annuitants and nonannuitants, projected by Scale AA to between 7 and 15 years beyond the year following the date of the obligation and blended as described in Regulation 1.430(L)(3) |
| Average retirement age  | 67                                                                                                                                                                                                                                                             |
| Valuation interest rate | 7.5%                                                                                                                                                                                                                                                           |
| Turnover                | Based on historical experience of AAA                                                                                                                                                                                                                          |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

*See Independent Auditors' Report*

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)**

Changes in assumptions and methods from the September 1, 2009 valuation include changing the average retirement age from 66 to 67, rounding the rates of turnover to whole percentages, and changing the mortality table from the RP-2000 Static, nongenerational mortality table (male and female) projected to the valuation year with different rates for annuitants and nonannuitants to the table described above.

The actuarial present value of accumulated Plan benefits is as follows as of September 1:

|                                                               | <u>2010</u>         | <u>2009</u>         |
|---------------------------------------------------------------|---------------------|---------------------|
| Vested benefits                                               |                     |                     |
| Participants currently receiving benefits                     | \$ 2,147,768        | \$ 1,193,246        |
| Others participants                                           | <u>2,806,257</u>    | <u>3,247,479</u>    |
| Total Vested Benefits                                         | 4,954,025           | 4,440,725           |
| Nonvested benefits                                            | <u>77,196</u>       | <u>101,182</u>      |
| Total Actuarial Present Value of<br>Accumulated Plan Benefits | <u>\$ 5,031,221</u> | <u>\$ 4,541,907</u> |

The changes in the actuarial present value of accumulated Plan benefits are as follows for the years ended September 1:

|                                                                              | <u>2010</u>         | <u>2009</u>         |
|------------------------------------------------------------------------------|---------------------|---------------------|
| Actuarial present value of accumulated Plan benefits<br>at beginning of year | \$ 4,541,907        | \$ 4,140,312        |
| Change attributable to                                                       |                     |                     |
| Additional benefits accumulated                                              | 327,436             | 258,770             |
| Change in actuarial assumptions                                              | 31,920              | -                   |
| Increase for interest due to the decrease in<br>discount period              | 332,418             | 303,977             |
| Benefits paid                                                                | <u>(202,460)</u>    | <u>(161,152)</u>    |
| Net change                                                                   | <u>489,314</u>      | <u>401,595</u>      |
| Actuarial present value of accumulated Plan benefits<br>at end of year       | <u>\$ 5,031,221</u> | <u>\$ 4,541,907</u> |

*See Independent Auditors' Report*

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

**NOTE 4 - INVESTMENTS**

The Plan's investments are held by The Trust Company of Toledo, N.A., the trustee of the Plan, under a trust agreement with AAA. The trustee has full discretionary authority for purchases and sales of investments within the guidelines of the Plan's investment policy. Financial information relating to those investments is included in the accompanying financial statements based on information certified to the plan administrator by the trustee, as being complete and accurate in accordance with 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. That information, which has not been audited by independent auditors, is summarized below as of and for the years ended August 31:

|                                                           | <u>2010</u>         | <u>2009</u>         |
|-----------------------------------------------------------|---------------------|---------------------|
| Investments, at Fair Value                                |                     |                     |
| Mutual funds                                              |                     |                     |
| Fidelity Contrafund                                       | \$ 267,897          | \$ 223,178          |
| Harbor International Fund                                 | 326,364             | 317,809             |
| T Rowe Price Mid Cap Growth Fund                          | 277,171             | 226,364             |
| Vanguard 500 Index Fund                                   | 884,960             | 861,866             |
| Other mutual funds                                        | <u>1,100,676</u>    | <u>712,828</u>      |
|                                                           | 2,857,068           | 2,342,045           |
| U.S. Government and agency obligations                    | 908,272             | 917,456             |
| Corporate bonds                                           | 891,948             | 789,377             |
| Money market savings - Northern Inst'l Prime              |                     |                     |
| Obligations Portfolio                                     | 306,270             | 579,387             |
| Interest-bearing cash                                     | <u>100,000</u>      | <u>-</u>            |
| Total Investments                                         | <u>\$ 5,063,558</u> | <u>\$ 4,628,265</u> |
|                                                           |                     |                     |
|                                                           | <u>2010</u>         | <u>2009</u>         |
| Net realized and unrealized gains (losses) on investments |                     |                     |
| Mutual funds                                              | \$ 114,180          | \$ (476,088)        |
| U.S. Government and agency obligations                    | 15,920              | 35,268              |
| Corporate bonds                                           | <u>52,612</u>       | <u>49,383</u>       |
|                                                           | 182,712             | (391,437)           |
| Interest and dividends                                    | <u>119,936</u>      | <u>139,828</u>      |
| Total Investment Income (Loss)                            | <u>\$ 302,648</u>   | <u>\$ (251,609)</u> |

Interest and dividends receivable amounted to \$19,937 and \$19,238 as of August 31, 2010 and 2009, respectively.

The financial information included in Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions has been derived from information certified by the trustee.

*See Independent Auditors' Report*

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

**NOTE 5 - FAIR VALUE MEASUREMENTS**

The Plan has classified its investments as follows:

Level 1 Fair Value Measurements: The fair values of mutual funds and the money market savings fund are based on quoted prices in active markets which represent the net asset values of shares held by the Plan at year-end.

Level 2 Fair Value Measurements: The fair values of U.S. government and agency obligations and corporate bonds which are not actively traded or listed on an exchange are estimated using a model-driven system to calculate prices. More specifically, the model estimates the spread at which obligations and bonds of similar quality and maturity should be trading with respect to treasury securities of the same maturity. Based on their spread (yield difference versus treasury securities) the value is then calculated using the standard yield-to-maturity formula.

The tables below present, by level within the fair value hierarchy, the recorded amount of the Plan's investments measured at fair value on a recurring basis.

| August 31, 2010                        |                     |                     |                     |             |
|----------------------------------------|---------------------|---------------------|---------------------|-------------|
|                                        | Fair Value          | Level 1             | Level 2             | Level 3     |
| Mutual funds                           | \$ 2,857,068        | \$ 2,857,068        | \$ -                | \$ -        |
| U.S. Government and agency obligations | 908,272             | -                   | 908,272             | -           |
| Corporate bonds                        | 891,948             | -                   | 891,948             | -           |
| Money market savings fund              | <u>306,270</u>      | <u>306,270</u>      | <u>-</u>            | <u>-</u>    |
|                                        | <u>\$ 4,963,558</u> | <u>\$ 3,163,338</u> | <u>\$ 1,800,220</u> | <u>\$ -</u> |

| August 31, 2009                        |                     |                     |                     |             |
|----------------------------------------|---------------------|---------------------|---------------------|-------------|
|                                        | Fair Value          | Level 1             | Level 2             | Level 3     |
| Mutual funds                           | \$ 2,342,045        | \$ 2,342,045        | \$ -                | \$ -        |
| U.S. Government and agency obligations | 917,456             | -                   | 917,456             | -           |
| Corporate bonds                        | 789,377             | -                   | 789,377             | -           |
| Money market savings fund              | <u>579,387</u>      | <u>579,387</u>      | <u>-</u>            | <u>-</u>    |
|                                        | <u>\$ 4,628,265</u> | <u>\$ 2,921,432</u> | <u>\$ 1,706,833</u> | <u>\$ -</u> |

See Independent Auditors' Report

## **SUPPLEMENTAL SCHEDULES**

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
EMPLOYER IDENTIFICATION NO 34-4374445  
PLAN NO. 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AUGUST 31, 2010

| (a)                                           | (b)<br>Identity of Issue, Borrower, Lessor<br>or Similar Party | (c)<br>Description<br>of Investment                | (d)<br>Cost         | (e)<br>Fair<br>Value |
|-----------------------------------------------|----------------------------------------------------------------|----------------------------------------------------|---------------------|----------------------|
| <b>Mutual Funds</b>                           |                                                                |                                                    |                     |                      |
|                                               | Buffalo Small Cap Fund                                         | 9,367.233 Shares                                   | \$ 225,001          | \$ 196,150           |
|                                               | Dodge & Cox International Stock Fund                           | 3,810.929 Shares                                   | 160,745             | 115,281              |
|                                               | Dodge & Cox Stock Fund                                         | 2,053.237 Shares                                   | 224,495             | 181,917              |
|                                               | Fairholme Fund                                                 | 7,547.755 Shares                                   | 225,000             | 234,207              |
|                                               | Fidelity Contrafund                                            | 4,744.907 Shares                                   | 235,715             | 267,897              |
|                                               | Harbor International Fund                                      | 6,432.078 Shares                                   | 200,000             | 326,364              |
|                                               | T. Rowe Price Emerging Market Stock Fund                       | 4,421.109 Shares                                   | 125,000             | 133,075              |
|                                               | T Rowe Price Mid Cap Growth Fund                               | 5,805.845 Shares                                   | 249,150             | 277,171              |
|                                               | Vanguard 500 Index Fund                                        | 9,128.005 Shares                                   | 419,497             | 884,960              |
|                                               | Vanguard Extended Market Index Signal Fund                     | 8,616.165 Shares                                   | 200,001             | 240,046              |
|                                               | <b>Total Mutual Funds</b>                                      |                                                    | <b>2,264,604</b>    | <b>2,857,068</b>     |
| <b>U.S. Government and Agency Obligations</b> |                                                                |                                                    |                     |                      |
|                                               | Federal Farm Credit Bank                                       | \$100,000 Par Value, 1.875%, due December 7, 2012  | 99,971              | 102,531              |
|                                               | Federal Farm Credit Bank                                       | \$50,000 Par Value, 5.375%, due March 13, 2017     | 49,953              | 53,469               |
|                                               | Federal Home Loan Bank                                         | \$100,000 Par Value, 5.125%, due August 14, 2013   | 99,766              | 112,406              |
|                                               | Federal Home Loan Bank                                         | \$100,000 Par Value, 5.000%, due November 17, 2017 | 99,838              | 118,313              |
|                                               | Federal Home Loan Bank                                         | \$25,000 Par Value, 4.125%, due March 13, 2020     | 24,925              | 27,578               |
|                                               | Federal Home Loan Mtg Corp                                     | \$100,000 Par Value, 5.000%, due July 15, 2014     | 99,425              | 113,969              |
|                                               | Federal Home Loan Mtg Corp                                     | \$100,000 Par Value, 5.125%, due July 15, 2012     | 99,490              | 108,562              |
|                                               | Federal National Mtg Assn                                      | \$100,000 Par Value, 5.000%, due April 15, 2015    | 99,578              | 115,688              |
|                                               | Federal National Mtg Assn                                      | \$50,000 Par Value, 6.250%, due February 1, 2011   | 49,828              | 51,252               |
|                                               | U.S. Treasury Note                                             | \$100,000 Par Value, 5.000%, due August 15, 2011   | 100,000             | 104,504              |
|                                               | <b>Total U.S. Government and Agency Obligations</b>            |                                                    | <b>822,774</b>      | <b>908,272</b>       |
| <b>Corporate Bonds</b>                        |                                                                |                                                    |                     |                      |
|                                               | Anheuser-Busch Cos Inc                                         | \$50,000 Par Value, 5.600%, due March 1, 2017      | 49,936              | 56,846               |
|                                               | Archer Daniels                                                 | \$50,000 Par Value, 5.450%, due March 15, 2018     | 49,999              | 58,725               |
|                                               | Caterpillar Inc                                                | \$50,000 Par Value, 5.700%, due August 15, 2016    | 49,897              | 58,802               |
|                                               | Citigroup Inc                                                  | \$50,000 Par Value, 5.100%, due September 29, 2011 | 49,895              | 52,098               |
|                                               | Citigroup Inc                                                  | \$50,000 Par Value, 5.850%, due July 2, 2013       | 49,937              | 53,553               |
|                                               | ConocoPhillips                                                 | \$50,000 Par Value, 4.400%, due May 15, 2013       | 49,912              | 54,249               |
|                                               | Credit Suisse FB USA Inc                                       | \$50,000 Par Value, 5.125%, due August 15, 2015    | 49,938              | 55,628               |
|                                               | General Electric Cap Corp                                      | \$50,000 Par Value, 5.720%, due August 22, 2011    | 50,000              | 50,859               |
|                                               | IBM Corp                                                       | \$50,000 Par Value, 2.100%, due May 6, 2013        | 49,960              | 51,563               |
|                                               | JP Morgan Chase & Co                                           | \$50,000 Par Value, 5.150%, due October 1, 2015    | 49,660              | 54,138               |
|                                               | Lowe's Companies Inc                                           | \$50,000 Par Value, 5.400%, due October 15, 2016   | 49,824              | 59,330               |
|                                               | Northern Trust Co                                              | \$50,000 Par Value, 5.200%, due November 9, 2012   | 49,905              | 54,340               |
|                                               | PepsiCo Inc                                                    | \$50,000 Par Value, 5.000%, due June 1, 2018       | 49,743              | 57,213               |
|                                               | Pfizer Inc                                                     | \$50,000 Par Value, 6.200%, due March 15, 2019     | 49,950              | 61,797               |
|                                               | Target Corp                                                    | \$50,000 Par Value, 5.875%, due July 15, 2016      | 49,981              | 59,758               |
|                                               | Wells Fargo & Co                                               | \$50,000 Par Value, 5.125%, due September 1, 2012  | 49,624              | 53,049               |
|                                               | <b>Total Corporate Bonds</b>                                   |                                                    | <b>798,161</b>      | <b>891,948</b>       |
| <b>Money Market Savings Fund</b>              |                                                                |                                                    |                     |                      |
|                                               | Northern Inst'l Prime Obligations Portfolio                    | 306,270 Shares                                     | 306,270             | 306,270              |
| <b>Interest-Bearing Cash</b>                  |                                                                |                                                    |                     |                      |
|                                               | Waterford Bank MM Savings Deposit Fund                         | Money market savings deposit account               | 100,000             | 100,000              |
|                                               | <b>Total Investments</b>                                       |                                                    | <b>\$ 4,291,809</b> | <b>\$ 5,063,558</b>  |

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
 EMPLOYER IDENTIFICATION NO. 34-4374445

PLAN NO. 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 FOR THE YEAR ENDED AUGUST 31, 2010

| (a)                                            | (b)                     | (c)               | (d)              | (g)              | (h)                                                 | (i)                 |
|------------------------------------------------|-------------------------|-------------------|------------------|------------------|-----------------------------------------------------|---------------------|
| Identity of<br>Party Involved                  | Description<br>of Asset | Purchase<br>Price | Selling<br>Price | Cost<br>of Asset | Fair<br>Value<br>of Asset on<br>Transaction<br>Date | Net Gain<br>or Loss |
| Northern Inst'l Prime<br>Obligations Portfolio | Money Market Savings    | \$ 662,709        | \$ -             | \$ -             | \$ 662,709<br>935,826                               | \$ -<br>-           |

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1510-0110<br><br><b>2009</b><br><br>This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010

▶ Round off amounts to nearest dollar.

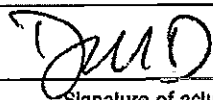
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                    |                                                                 |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Retirement Plan for Employees of AAA Northwest Ohio                   | <b>B</b> Three-digit plan number (PN) <u>001</u>                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>AAA Northwest Ohio | <b>D</b> Employer Identification Number (EIN)<br><br>34-4374445 |

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ **F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

|                                                                                                                                                                                               |              |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                               |              |                            |                    |
| 1 Enter the valuation date: Month <u>9</u> Day <u>1</u> Year <u>2009</u>                                                                                                                      |              |                            |                    |
| 2 Assets:                                                                                                                                                                                     |              |                            |                    |
| a Market value.....                                                                                                                                                                           | <b>2a</b>    |                            | 4,647,503          |
| b Actuarial value.....                                                                                                                                                                        | <b>2b</b>    |                            | 5,112,253          |
| 3 Funding target/participant count breakdown                                                                                                                                                  |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment .....                                                                                                                          | <b>3a</b>    | 32                         | 1,243,160          |
| b For terminated vested participants .....                                                                                                                                                    | <b>3b</b>    | 60                         | 1,086,631          |
| c For active participants:                                                                                                                                                                    |              |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                  | <b>3c(1)</b> |                            | 108,655            |
| (2) Vested benefits.....                                                                                                                                                                      | <b>3c(2)</b> |                            | 2,377,361          |
| (3) Total active .....                                                                                                                                                                        | <b>3c(3)</b> | 123                        | 2,486,016          |
| d Total.....                                                                                                                                                                                  | <b>3d</b>    | 215                        | 4,815,807          |
| 4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                               |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                            | <b>4a</b>    |                            |                    |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>    |                            |                    |
| 5 Effective interest rate.....                                                                                                                                                                | <b>5</b>     |                            | 7.04 %             |
| 6 Target normal cost.....                                                                                                                                                                     | <b>6</b>     |                            | 233,199            |

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

|                                                                                                                                                                                                          |                                                                                                             |                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b>                                                                                                                                                                                     | <br>Signature of actuary | <u>03/22/2011</u><br>Date<br><br><u>08-07402</u><br>Most recent enrollment number<br><u>(216) 875-1900</u><br>Telephone number (including area code) |
| <u>David M. Davala</u><br>Type or print name of actuary<br><br><u>Findley Davies, Inc.</u><br>Firm name<br><u>1300 E. 9th Street, Suite 850</u><br>Address of the firm<br><u>Cleveland OH 44114-1516</u> |                                                                                                             |                                                                                                                                                      |

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

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

Schedule SB (Form 5500) 2009  
v.092308.1

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 367,776               | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8) .....                                                    | 367,776               | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of (5.66) % .....                          | (20,816)              |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 157,598                |
| <b>b</b> Interest on (a) using prior year's effective rate of 6.26 % .....                               |                       | 9,866                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 167,464                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                          |                       | 167,464                |
| <b>12</b> Reduction in balances due to elections or deemed elections .....                               | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12) .....             | 346,960               | 167,464                |

**Part III Funding percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 95.47 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 106.15 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.33 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and liquidity shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 12/15/2009                                                                               | 80,000                            |                                 | 06/11/2010               | 40,000                            |                                 |
| 01/12/2010                                                                               | 40,000                            |                                 | 07/13/2010               | 40,000                            |                                 |
| 02/11/2010                                                                               | 40,000                            |                                 | 08/11/2010               | 40,000                            |                                 |
| 03/11/2010                                                                               | 40,000                            |                                 |                          |                                   |                                 |
| 04/12/2010                                                                               | 40,000                            |                                 |                          |                                   |                                 |
| 05/11/2010                                                                               | 40,000                            |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 400,000                           | <b>18(c)</b> 0                  |

|                                                                                                                                      |                    |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>19</b> Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year: |                    |
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years. ....                                  | <b>19a</b> 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 384,591 |

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

## Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
| 0       | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>%                                              |
|                                                                                                                                                                                              |                   |                   | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   | <b>21b</b> 4                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   | <b>22</b> 66                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                                                                |

**Part VI Miscellaneous items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions) .....                                                                                                       | <b>31</b>           | 233,199            |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) .....                                                  | <b>34</b>           | 233,199            |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35) .....                                                                                                                  | <b>36</b>           | 233,199            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) .....                                                  | <b>37</b>           | 384,591            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions) .....                                                                                           | <b>38</b>           | 151,392            |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

Schedule SB, line 22 – Description of Weighted Average Retirement Age  
Retirement Plan for Employees of AAA Northwest Ohio  
September 1, 2009 Valuation  
EIN/PN: 34-4374445 / 001

***Rates of Retirement***

| <u>Age(s)</u> | <u>Rate</u> |
|---------------|-------------|
| 60            | 4.00%       |
| 61            | 5.00        |
| 62            | 8.00        |
| 63            | 6.00        |
| 64            | 18.00       |
| 65            | 35.00       |
| 66-69         | 20.00       |
| 70            | 80.00       |
| 71+           | 100.00      |

Weighted Average Retirement Age is 66. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

## APPENDIX B

### STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

| <b><i>Interest Rates</i></b>      | Funding: Full Yield Curve with the interest rates for April 2009 which are published in May 2009:                                                                                                                                                                                                                                                                                                  |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|----|-------|----|------|----|------|----|------|----|-------|----|-------|-------|-------|----|-------|-----|--------|
|                                   | a. Effective Interest Rate using the above rates 7.04%                                                                                                                                                                                                                                                                                                                                             |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
|                                   | b. Intermediate Level Contribution 7.04%                                                                                                                                                                                                                                                                                                                                                           |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
|                                   | ASC 960-20:                                                                                                                                                                                                                                                                                                                                                                                        |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
|                                   | Present Value of Vested and Accumulated Benefits 7.50%                                                                                                                                                                                                                                                                                                                                             |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| <b><i>Salary Scale</i></b>        | Future pays are projected using the appropriate salary scale below. For accrued benefits actual individual pay histories have been used with missing years filled in using the appropriate salary scale below.                                                                                                                                                                                     |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
|                                   | Funding: 3.00%                                                                                                                                                                                                                                                                                                                                                                                     |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
|                                   | ASC 960-20: 3.00%                                                                                                                                                                                                                                                                                                                                                                                  |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| <b><i>Mortality</i></b>           | RP-2000 static, non-generational mortality table (male and female) projected to the valuation year with different rates for annuitants and nonannuitants.                                                                                                                                                                                                                                          |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| <b><i>Rates of Retirement</i></b> | <table> <tr> <th><u>Age(s)</u></th><th><u>Rate</u></th></tr> <tr><td>60</td><td>4.00%</td></tr> <tr><td>61</td><td>5.00</td></tr> <tr><td>62</td><td>8.00</td></tr> <tr><td>63</td><td>6.00</td></tr> <tr><td>64</td><td>18.00</td></tr> <tr><td>65</td><td>35.00</td></tr> <tr><td>66-69</td><td>20.00</td></tr> <tr><td>70</td><td>80.00</td></tr> <tr><td>71+</td><td>100.00</td></tr> </table> | <u>Age(s)</u> | <u>Rate</u> | 60 | 4.00% | 61 | 5.00 | 62 | 8.00 | 63 | 6.00 | 64 | 18.00 | 65 | 35.00 | 66-69 | 20.00 | 70 | 80.00 | 71+ | 100.00 |
| <u>Age(s)</u>                     | <u>Rate</u>                                                                                                                                                                                                                                                                                                                                                                                        |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| 60                                | 4.00%                                                                                                                                                                                                                                                                                                                                                                                              |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| 61                                | 5.00                                                                                                                                                                                                                                                                                                                                                                                               |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| 62                                | 8.00                                                                                                                                                                                                                                                                                                                                                                                               |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| 63                                | 6.00                                                                                                                                                                                                                                                                                                                                                                                               |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| 64                                | 18.00                                                                                                                                                                                                                                                                                                                                                                                              |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| 65                                | 35.00                                                                                                                                                                                                                                                                                                                                                                                              |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| 66-69                             | 20.00                                                                                                                                                                                                                                                                                                                                                                                              |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| 70                                | 80.00                                                                                                                                                                                                                                                                                                                                                                                              |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| 71+                               | 100.00                                                                                                                                                                                                                                                                                                                                                                                             |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
|                                   | Weighted Average Retirement Age is 66. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.                                                                                                                                                                                                                   |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |
| <b><i>Rates of Disability</i></b> | 100% of Table S-10 of the 11 <sup>th</sup> Railroad Retirement Board Valuation.                                                                                                                                                                                                                                                                                                                    |               |             |    |       |    |      |    |      |    |      |    |       |    |       |       |       |    |       |     |        |

## APPENDIX B (Continued)

### ***Rates of Turnover***

Based on age and length of service as follows:

| Age | Completed Years of Service |        |        |        |        |        |
|-----|----------------------------|--------|--------|--------|--------|--------|
|     | 0                          | 1      | 2      | 3      | 4      | 5+     |
| 20  | 60.55%                     | 54.89% | 54.89% | 54.89% | 54.89% | 54.89% |
| 25  | 63.31                      | 53.81  | 28.49  | 24.72  | 24.72  | 24.72  |
| 30  | 66.06                      | 56.15  | 29.73  | 23.12  | 17.84  | 17.84  |
| 35  | 66.06                      | 56.15  | 29.73  | 23.12  | 16.52  | 10.96  |
| 40  | 61.93                      | 52.64  | 27.87  | 21.68  | 15.48  | 10.96  |
| 45  | 57.80                      | 49.13  | 26.01  | 20.23  | 14.45  | 10.96  |
| 50  | 48.17                      | 40.94  | 21.67  | 16.86  | 12.04  | 10.96  |
| 55  | 38.53                      | 32.75  | 17.34  | 13.49  | 10.96  | 10.96  |

### ***Assumptions Made In Valuing Spouse's Benefit***

80% of the male and female participants included in the valuation are assumed to be married. The wife is assumed to be 3 years younger than the husband.

### ***Annual Increases to Social Security***

2.50%

### ***Provision for Expenses***

The administrative expenses expected to be paid from plan assets were included in the Target Normal Cost for minimum contribution purposes. These are equal to actual expenses paid from the trust during the prior plan year.

### ***Fiscal Year***

The 12-month period ending each December 31. The maximum tax-deductible limit for a fiscal year is based on the plan year ending during the fiscal year.

### ***Asset Method***

Funding: Market Value of Assets plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for each year equals the market value at the beginning of the year projected to the end of the year using an assumed rate of return, limited to the third segment rate, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that a characteristic of this asset valuation method is that, over time, it is more likely to produce an actuarial value of assets that is less than the market value of assets.

ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.

### ***Employees Valued***

Only participants as of the valuation date were valued.

## APPENDIX A

### SUMMARY OF PRINCIPAL PLAN PROVISIONS

|                                                    |                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Plan Sponsor</i></b>                         | AAA Northwest Ohio                                                                                                                                                                                                                                                                                  |
| <b><i>EIN/PN</i></b>                               | 34-4374445/001                                                                                                                                                                                                                                                                                      |
| <b><i>Effective Date</i></b>                       | September 28, 1960; amended and restated effective September 1, 2003, and further amended by the First Amendment generally effective September 1, 2002.                                                                                                                                             |
| <b><i>Plan Year</i></b>                            | The 12-month period beginning each September 1.                                                                                                                                                                                                                                                     |
| <b><i>Participation</i></b>                        | Each employee commences participation on the March 1 or September 1 coincident with or next following completion of one year of service and attainment of age 21.                                                                                                                                   |
| <b><i>Annual Compensation</i></b>                  | W-2 compensation earned during the plan year plus any contributions made by the participant to a 401(k) or 125 plan, as limited by IRC Section 401(a)(17).                                                                                                                                          |
| <b><i>Plan Compensation</i></b>                    | The sum of the highest five consecutive Annual Compensation amounts divided by 60.                                                                                                                                                                                                                  |
| <b><i>Social Security Covered Compensation</i></b> | The average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between. |
| <b><i>Credited Service</i></b>                     | A Year of Credited Service is granted for any Plan Year in which a participant is credited with at least 1,000 Hours of Service.                                                                                                                                                                    |
| <b><i>Accrued Benefit</i></b>                      | A monthly life annuity with 120 payments guaranteed starting at Normal Retirement Date (NRD) equal to 1.3% of Plan Compensation plus .65% of Plan Compensation in excess of Social Security Covered Compensation, if any, with such total multiplied by Years of Credited Service up to 35 years.   |

**APPENDIX A (Continued)**

***Normal Retirement  
Benefit***

*Eligibility:*

The later of age 65 and the fifth anniversary of the date the employee became a participant.

*Monthly Benefit:*

The Accrued Benefit.

***Early Retirement  
Benefit***

*Eligibility:*

Age 60 with five Years of Credited Service.

*Monthly Benefit:*

The Accrued Benefit either deferred to NRD or commencing prior thereto but reduced by 1/156th for the first 36 months and by 1/288th for each of the next 24 months by which early retirement precedes NRD.

***Late Retirement  
Benefit***

*Eligibility:*

The later of age 65 and the fifth anniversary of the date the employee became a participant.

*Monthly Benefit:*

The Accrued Benefit calculated as if late retirement date were NRD.

***Termination Benefit***

*Eligibility:*

Termination of employment prior to retirement after completion of at least five Years of Credited Service.

*Monthly Benefit:*

100% vested in his Accrued Benefit. The vested benefit is payable at NRD or in a reduced amount as early as age 60.

***Death Benefit***

*Eligibility:*

100% vested.

## APPENDIX A (Continued)

***Death Benefit  
(continued)***

Monthly Benefit:

If married for at least one year on the date of death, the spouse receives a monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

Death benefits are payable to the estates of unmarried employees who die after reaching Normal Retirement but before terminating employment as if they had retired with the "life with 120 payments guaranteed" form of payment.

***Top Heavy Provisions***

Special provisions relating to minimum benefit, vesting, etc. under IRC Section 416 will automatically become effective should the Plan become top-heavy.

***Optional Forms of Benefit***

Life Annuity with Certain Period – 0, 60, 120, or 180 months – payments monthly for the life of the participant with the first 0, 60, 120, or 180 months guaranteed.

Joint and Survivor Annuity – 50%, 67%, or 100% – payments monthly for the life of the participant with the specified percentage continuing to the surviving beneficiary upon the participant's death.

The conversion factors are based on the 1984 Unisex Pension Mortality Table and the PBGC interest rate for September of the beginning of the Plan Year that contains the annuity starting date.

***Benefits Payable as Lump Sums***

This plan pays only small lump sums (those less than \$1,000) automatically.

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(e)(3) for each July preceding the Plan Year of distribution.

***Funding of Plan***

The employer pays the entire cost.

***Maximum Benefit Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

**APPENDIX A (Continued)**

***Plan Compensation  
Limit***

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes. Additionally, the \$200,000 pay limit is applied retroactively to years prior to September 1, 2002.

***Changes in Plan  
Provisions***

The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.

Schedule SB, line 24 – Change in Actuarial Assumptions  
Retirement Plan for Employees of AAA Northwest Ohio  
September 1, 2009 Valuation  
EIN/PN: 34-4374445 / 001

***Changes in  
Assumptions since  
the Last Actuarial  
Valuation***

The mortality table for the funding target was changed as required under PPA '06.

The salary scale was 5.00% last year.

***Justification for  
Changes in Actuarial  
Assumptions***

Assumption changes, other than those relating to mandated target liability interest rates and mortality tables, if any, decreased the Target Liability by \$217,707, but since the total of the unfunded target liabilities as of the end of the preceding plan year (for pension plans of essentially all related companies) does not exceed \$50,000,000, the plan did not need IRS approval to change assumptions.

Schedule SB, line 25 – Change in Method  
Retirement Plan for Employees of AAA Northwest Ohio  
September 1, 2009 Valuation  
EIN/PN: 34-4374445 / 001

***Changes in Methods  
since the Last  
Actuarial Valuation***

The segmented interest rates used for determining the funding target were 5.16%, 6.00% and 6.53%. The method for selecting these rates was changed from a 4-month look back using segment rates. The use of segment rates was changed to the full yield curve.

Expenses were included in the Target Normal Cost.

The asset method used last year was Market Value of Assets plus receivable contributions discounted for interest.

The asset method was changed to smoothing as allowed under the Worker Retiree and Employer Recovery Act. of 2008.

Automatic approval for the change in asset method is granted per Reg. 1.430(g)-1(f)(3).

Automatic approval for the change in interest rate methodology is granted per Reg. 1.430(h)(2)-1(h)(3).

Schedule SB, Line 26 - Schedule of Active Participant Data

September 1, 2009 Valuation  
Retirement Plan for Employees of AAA Northwest Ohio  
(EIN: 34-4374445; PN: 001)

| Attained<br>Age | Years of Credited Service |           |          |          |          |          |          |          |          |         |
|-----------------|---------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|---------|
|                 | Under 1                   | 1 to 4    | 5 to 9   | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| Under 25        | -                         | 8<br>(*)  | -        | -        | -        | -        | -        | -        | -        | -       |
| 25 to 29        | -                         | 14<br>(*) | 3<br>(*) | -        | -        | -        | -        | -        | -        | -       |
| 30 to 34        | -                         | 6<br>(*)  | 5<br>(*) | 1<br>(*) | -        | -        | -        | -        | -        | -       |
| 35 to 39        | -                         | 7<br>(*)  | 4<br>(*) | 1<br>(*) | 1<br>(*) | -        | -        | -        | -        | -       |
| 40 to 44        | -                         | 7<br>(*)  | 1<br>(*) | 5<br>(*) | 2<br>(*) | 2<br>(*) | -        | -        | -        | -       |
| 45 to 49        | -                         | 7<br>(*)  | 3<br>(*) | 1<br>(*) | 1<br>(*) | 2<br>(*) | 2<br>(*) | 1<br>(*) | -        | -       |
| 50 to 54        | -                         | 7<br>(*)  | -        | 3<br>(*) | 1<br>(*) | 1<br>(*) | 1<br>(*) | -        | -        | -       |
| 55 to 59        | -                         | 4<br>(*)  | 2<br>(*) | 4<br>(*) | 1<br>(*) | 1<br>(*) | 1<br>(*) | -        | 4<br>(*) | -       |
| 60 to 64        | -                         | 2<br>(*)  | 1<br>(*) | 1<br>(*) | 1<br>(*) | -        | -        | -        | -        | -       |
| 65 to 69        | -                         | -         | -        | -        | 1<br>(*) | 1<br>(*) | -        | 1<br>(*) | -        | -       |
| 70 & up         | -                         | -         | -        | -        | 1<br>(*) | -        | -        | -        | -        | -       |

\* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Schedule SB, line 32 – Schedule of Shortfall Amortization Bases  
 Retirement Plan for Employees of AAA Northwest Ohio  
 September 1, 2009 Valuation  
 EIN/PN: 34-4374445 / 001

**EXHIBIT VII**  
**SCHEDULE OF SHORTFALL AMORTIZATION BASES**

|                                                    | Plan Year Beginning |                              |                    | 9/01/2009                                |
|----------------------------------------------------|---------------------|------------------------------|--------------------|------------------------------------------|
|                                                    | Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Shortfall<br>Amortization<br>Installment |
| <b><i>Shortfall<br/>Amortization<br/>Bases</i></b> | 9/01/2009           | \$ 0                         | 7.00               | \$ 0                                     |
|                                                    | Total               | \$ 0                         |                    | \$ 0                                     |
| <b><i>Waiver<br/>Amortization<br/>Bases</i></b>    | 9/01/2009           | \$ 0                         |                    | \$ 0                                     |
|                                                    | Total               | \$ 0                         |                    | \$ 0                                     |

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
EMPLOYER IDENTIFICATION NO 34-4374445  
PLAN NO. 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AUGUST 31, 2010

| (a) | (b)<br>Identity of Issue, Borrower, Lessor<br>or Similar Party | (c)<br>Description<br>of Investment                | (d)<br>Cost         | (e)<br>Fair<br>Value |
|-----|----------------------------------------------------------------|----------------------------------------------------|---------------------|----------------------|
|     | <b>Mutual Funds</b>                                            |                                                    |                     |                      |
|     | Buffalo Small Cap Fund                                         | 9,367.233 Shares                                   | \$ 225,001          | \$ 196,150           |
|     | Dodge & Cox International Stock Fund                           | 3,810.929 Shares                                   | 160,745             | 115,281              |
|     | Dodge & Cox Stock Fund                                         | 2,053.237 Shares                                   | 224,495             | 181,917              |
|     | Fairholme Fund                                                 | 7,547.755 Shares                                   | 225,000             | 234,207              |
|     | Fidelity Contrafund                                            | 4,744.907 Shares                                   | 235,715             | 267,897              |
|     | Harbor International Fund                                      | 6,432.078 Shares                                   | 200,000             | 326,364              |
|     | T. Rowe Price Emerging Market Stock Fund                       | 4,421.109 Shares                                   | 125,000             | 133,075              |
|     | T Rowe Price Mid Cap Growth Fund                               | 5,805.845 Shares                                   | 249,150             | 277,171              |
|     | Vanguard 500 Index Fund                                        | 9,128.005 Shares                                   | 419,497             | 884,960              |
|     | Vanguard Extended Market Index Signal Fund                     | 8,616.165 Shares                                   | 200,001             | 240,046              |
|     | <b>Total Mutual Funds</b>                                      |                                                    | <b>2,264,604</b>    | <b>2,857,068</b>     |
|     | <b>U.S. Government and Agency Obligations</b>                  |                                                    |                     |                      |
|     | Federal Farm Credit Bank                                       | \$100,000 Par Value, 1.875%, due December 7, 2012  | 99,971              | 102,531              |
|     | Federal Farm Credit Bank                                       | \$50,000 Par Value, 5.375%, due March 13, 2017     | 49,953              | 53,469               |
|     | Federal Home Loan Bank                                         | \$100,000 Par Value, 5.125%, due August 14, 2013   | 99,766              | 112,406              |
|     | Federal Home Loan Bank                                         | \$100,000 Par Value, 5.000%, due November 17, 2017 | 99,838              | 118,313              |
|     | Federal Home Loan Bank                                         | \$25,000 Par Value, 4.125%, due March 13, 2020     | 24,925              | 27,578               |
|     | Federal Home Loan Mtg Corp                                     | \$100,000 Par Value, 5.000%, due July 15, 2014     | 99,425              | 113,969              |
|     | Federal Home Loan Mtg Corp                                     | \$100,000 Par Value, 5.125%, due July 15, 2012     | 99,490              | 108,562              |
|     | Federal National Mtg Assn                                      | \$100,000 Par Value, 5.000%, due April 15, 2015    | 99,578              | 115,688              |
|     | Federal National Mtg Assn                                      | \$50,000 Par Value, 6.250%, due February 1, 2011   | 49,828              | 51,252               |
|     | U.S. Treasury Note                                             | \$100,000 Par Value, 5.000%, due August 15, 2011   | 100,000             | 104,504              |
|     | <b>Total U.S. Government and Agency Obligations</b>            |                                                    | <b>822,774</b>      | <b>908,272</b>       |
|     | <b>Corporate Bonds</b>                                         |                                                    |                     |                      |
|     | Anheuser-Busch Cos Inc                                         | \$50,000 Par Value, 5.600%, due March 1, 2017      | 49,936              | 56,846               |
|     | Archer Daniels                                                 | \$50,000 Par Value, 5.450%, due March 15, 2018     | 49,999              | 58,725               |
|     | Caterpillar Inc                                                | \$50,000 Par Value, 5.700%, due August 15, 2016    | 49,897              | 58,802               |
|     | Citigroup Inc                                                  | \$50,000 Par Value, 5.100%, due September 29, 2011 | 49,895              | 52,098               |
|     | Citigroup Inc                                                  | \$50,000 Par Value, 5.850%, due July 2, 2013       | 49,937              | 53,553               |
|     | ConocoPhillips                                                 | \$50,000 Par Value, 4.400%, due May 15, 2013       | 49,912              | 54,249               |
|     | Credit Suisse FB USA Inc                                       | \$50,000 Par Value, 5.125%, due August 15, 2015    | 49,938              | 55,628               |
|     | General Electric Cap Corp                                      | \$50,000 Par Value, 5.720%, due August 22, 2011    | 50,000              | 50,859               |
|     | IBM Corp                                                       | \$50,000 Par Value, 2.100%, due May 6, 2013        | 49,960              | 51,563               |
|     | JP Morgan Chase & Co                                           | \$50,000 Par Value, 5.150%, due October 1, 2015    | 49,660              | 54,138               |
|     | Lowe's Companies Inc                                           | \$50,000 Par Value, 5.400%, due October 15, 2016   | 49,824              | 59,330               |
|     | Northern Trust Co                                              | \$50,000 Par Value, 5.200%, due November 9, 2012   | 49,905              | 54,340               |
|     | PepsiCo Inc                                                    | \$50,000 Par Value, 5.000%, due June 1, 2018       | 49,743              | 57,213               |
|     | Pfizer Inc                                                     | \$50,000 Par Value, 6.200%, due March 15, 2019     | 49,950              | 61,797               |
|     | Target Corp                                                    | \$50,000 Par Value, 5.875%, due July 15, 2016      | 49,981              | 59,758               |
|     | Wells Fargo & Co                                               | \$50,000 Par Value, 5.125%, due September 1, 2012  | 49,624              | 53,049               |
|     | <b>Total Corporate Bonds</b>                                   |                                                    | <b>798,161</b>      | <b>891,948</b>       |
|     | <b>Money Market Savings Fund</b>                               |                                                    |                     |                      |
|     | Northern Inst'l Prime Obligations Portfolio                    | 306,270 Shares                                     | 306,270             | 306,270              |
|     | <b>Interest-Bearing Cash</b>                                   |                                                    |                     |                      |
|     | Waterford Bank MM Savings Deposit Fund                         | Money market savings deposit account               | 100,000             | 100,000              |
|     | <b>Total Investments</b>                                       |                                                    | <b>\$ 4,291,809</b> | <b>\$ 5,063,558</b>  |

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO  
EMPLOYER IDENTIFICATION NO. 34-4374445

PLAN NO. 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED AUGUST 31, 2010

| (a)                                            | (b)                     | (c)               | (d)              | (e)              | (f) | (g)                                | (h)           | (i)                 |
|------------------------------------------------|-------------------------|-------------------|------------------|------------------|-----|------------------------------------|---------------|---------------------|
| Identity of<br>Party Involved                  | Description<br>of Asset | Purchase<br>Price | Selling<br>Price | Cost<br>of Asset |     | of Asset on<br>Transaction<br>Date | Fair<br>Value | Net Gain<br>or Loss |
| Northern Inst'l Prime<br>Obligations Portfolio | Money Market Savings    | \$ 662,709        | \$ -             | \$ -             |     | \$ 662,709                         | \$ 662,709    | \$ -                |
|                                                |                         | -                 | 935,826          | 935,826          |     |                                    | 935,826       | -                   |