Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/28/1960

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
AAA NORTHWEST OHIO

7150 WEST CENTRAL AVENUE
TOLEDO, OH 43617-1163

2b Employer Identification Number (EIN) 34-4374445

2c Sponsor's telephone number 419-843-1200

2d Business code (see instructions) 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.	06/11/2012	RICHARD KIRSCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

AAA NORTHWEST OHIO

7150 WEST CENTRAL AVENUE
TOLEDO, OH 43617-1163

3b Administrator's EIN: 34-4374445

3c Administrator's telephone number: 419-843-1200

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	218
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	96
b	Retired or separated participants receiving benefits	**6b**	40
c	Other retired or separated participants entitled to future benefits	**6c**	63
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	199
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	201
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		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)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

▶ **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.

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AAA NORTHWEST OHIO

D Employer Identification Number (EIN)
34-4374445

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2010

2 Assets:

a	Market value	**2a**	5083495
b	Actuarial value	**2b**	5302146

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	38	2383541
b	For terminated vested participants	**3b**	60	1091390
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		86592
	(2) Vested benefits	**3c(2)**		2264477
	(3) Total active	**3c(3)**	120	2351069
d	Total	**3d**	218	5826000

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
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	**4b**	

5	Effective interest rate	**5**	6.35 %
6	Target normal cost	**6**	108463

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.

SIGN HERE

Signature of actuary

05/24/2012
Date

DAVID M. DAVALA
Type or print name of actuary

11-07402
Most recent enrollment number

FINDLEY DAVIES, INC.
Firm name

216-875-1900
Telephone number (including area code)

1300 E. 9TH STREET, SUITE 850
CLEVELAND, OH 44114-1516
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 [ ]

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)	346960	167464
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)	346960	167464
10	Interest on item 9 using prior year's actual return of 5.92 %	20540	9914
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		151392
	b Interest on (a) using prior year's effective rate of 7.04 %		10658
	c Total available at beginning of current plan year to add to prefunding balance		162050
	d Portion of (c) to be added to prefunding balance		162050
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)	367500	339428

Part III Funding percentages

14	Funding target attainment percentage	14	78.87 %
15	Adjusted funding target attainment percentage	15	78.87 %
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	102.67 %
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 (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2010	80000		03/11/2011	25000	
10/13/2010	40000		04/13/2011	25000	
11/12/2010	40000		05/11/2011	25000	
12/13/2010	40000		06/13/2011	25000	
01/11/2011	25000		07/12/2011	25000	
02/11/2011	25000		08/11/2011	25000	
			Totals ► 18(b)	515000	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	494885

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] 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 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)		
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8)		
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		
	b Interest on (a) using prior year's effective rate of _____%		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)		

Part III Funding percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	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	%
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 (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/14/2012	25000	0			
03/13/2012	30000	0			
04/10/2012	30000	0			
05/11/2012	30000	0			
			Totals ► 18(b)		18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ 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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.78 %	6.31 %	6.57 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 67

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 108463

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	997742	164158
b Waiver amortization installment	0	0

33 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 **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 272621

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 272621

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 494885

38 Interest-adjusted excess contributions for current year (see instructions) **38** 222264

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

A Name of plan	**B** Three-digit plan number (PN) ▶	
RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
AAA NORTHWEST OHIO	34-4374445

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NORTHERN TRUST INSTITUTIONAL FUNDS

03-0521943

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

BUFFALO FUNDS

43-1803083

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

DODGE & COX FUNDS

94-6099539

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

DODGE & COX FUNDS

94-3390852

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

FAIRHOLME FUNDS

22-3665587

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

FIDELITY INVESTMENTS

82 DEVONSHIRE ST.
BOSTON, MA 02109

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

T.ROWE PRICE

52-1932640

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

T.ROWE PRICE

52-1784828

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

HARBOR CAPITAL ADVISORS, INC.

34-1570746

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

VANGUARD GROUP, INC.

23-1945930

(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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	50879	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE TRUST COMPANY OF TOLEDO

34-1661757

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 52 63	TRUSTEE	18880	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SPILMAN, HILLS & HEIDEBRINK, LTD.

34-1833111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7483	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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 (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 (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)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AAA NORTHWEST OHIO

D Employer Identification Number (EIN)
34-4374445

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	115000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19937	25222
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	406270	386459
(2) U.S. Government securities	1c(2)	908272	844095
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	891948	1092122
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2857068	3305198
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5083495	5768096
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5083495	5768096

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	515000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		515000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	760	
	(B) U.S. Government securities	2b(1)(B)	37540	
	(C) Corporate debt instruments	2b(1)(C)	43811	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		82111
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	71253	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		71253
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	932301	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	938916	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-6615

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-6748	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-6748
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		384698
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1039699
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	259854	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		259854
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	61865	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	33379	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		95244
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		355098
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		684601
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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
a 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.)	4a		X	
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.)	4b		X	
c 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.)	4c		X	
d 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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g 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?	4g		X	
h 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?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j 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.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n 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.	4n			

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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AAA NORTHWEST OHIO

D Employer Identification Number (EIN)
34-4374445

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 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):

EIN(s): 34-1661757

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☒ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☒ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (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.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

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.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

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:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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, 2011 AND 2010

See Independent Auditors' Report

TABLE OF CONTENTS

	Page No.
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Assets Available for Benefits	2
Statements of Changes in Assets Available for Benefits	3
Notes to Financial Statements	4
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12
Schedule H, Line 4j - Schedule of Reportable Transactions	13

SPILMAN

SPILMAN HILLS + HEIDEBRINK

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, 2011 and 2010, and for the years then ended, and the supplemental schedules as of and for the year ended August 31, 2011, 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, 2011 and 2010, 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 supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental 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.

May 29, 2012

SPILMAN, HILLS & HEIDEBRINK, LTD. CERTIFIED PUBLIC ACCOUNTANTS
5555 Airport Highway, Suite 200 | Toledo, Ohio 43615 | 419.865.8118 t | 419.865.3764 f | www.spilmancpa.com

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO
STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS
AUGUST 31, 2011 AND 2010

	2011	2010
Investments, at Fair Value (Notes 4 and 5)		
Mutual funds	$ 3,305,198	$ 2,857,068
U.S. Government and agency obligations	844,095	908,272
Corporate bonds	1,092,122	891,948
Money market savings fund	236,459	306,270
Interest-bearing cash	150,000	100,000
Total Investments	5,627,874	5,063,558
Receivables		
Employer contributions	115,000	-
Interest and dividends (Note 4)	25,222	19,937
Assets Available for Benefits	$ 5,768,096	$ 5,083,495

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, 2011 AND 2010

	2011	2010
Additions to Assets Attributed to		
Investment income (Note 4)		
Net realized and unrealized gains on investments	$ 371,335	$ 182,712
Interest and dividends	153,364	119,936
Total Investment Income	524,699	302,648
Employer contributions	515,000	400,000
Total Additions	1,039,699	702,648
Deductions from Assets Attributed to		
Benefit payments	259,854	202,460
Administrative expenses	95,244	64,196
Total Deductions	355,098	266,656
Change in Assets Available for Benefits	684,601	435,992
Assets Available for Benefits at Beginning of Year	5,083,495	4,647,503
Assets Available for Benefits at End of Year	$ 5,768,096	$ 5,083,495

See Independent Auditors' Report and Accompanying Notes

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, but existing participants will continue to earn years of service for vesting purposes.

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.

At retirement, participants choose from a number of life annuity options or installment payments, within certain limitations as defined by the Plan. 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 is married at the time of death will have the benefit paid to the spouse in the form of a 50% surviving spouse annuity.

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 to terminate the Plan subject to provisions set forth by ERISA. In the event the Plan is terminated, its net assets would 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 would 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.

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 seven 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 $80,745 in 2011 and $56,127 in 2010 were paid by the Plan.

Income Taxes - The Internal Revenue Service (IRS) 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.

GAAP requires plan management to evaluate income tax positions taken by the Plan and recognize a liability if the Plan has taken an uncertain income tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for periods ending prior to August, 31, 2008.

Subsequent Events - Management of the Plan has evaluated subsequent events for recognition or disclosure in the financial statements through May 29, 2012, 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 these changes could materially affect the amounts reported in the Plan's financial statements.

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, 2011:

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.

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

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

	2011	2010
Vested benefits		
Participants currently receiving benefits	$ 2,248,704	$ 2,147,768
Others participants	2,914,346	2,806,257
Total Vested Benefits	5,163,050	4,954,025
Nonvested benefits	56,478	77,196
Total Actuarial Present Value of Accumulated Plan Benefits	$ 5,219,528	$ 5,031,221

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

	2011	2010
Actuarial present value of accumulated Plan benefits at beginning of year	$ 5,031,221	$ 4,541,907
Change attributable to		
Additional benefits accumulated	81,376	327,436
Change in actuarial assumptions	-	31,920
Increase for interest due to the decrease in discount period	366,785	332,418
Benefits paid	(259,854)	(202,460)
Net change	188,307	489,314
Actuarial present value of accumulated Plan benefits at end of year	$ 5,219,528	$ 5,031,221

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 Department of Labor'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:

NOTE 4 - INVESTMENTS (Continued)

	2011	2010
Investments, at Fair Value		
Mutual funds		
Fidelity Contrafund	$ 321,639	$ 267,897
Harbor International Instl Fund	368,108	326,364
T Rowe Price Mid Cap Growth Fund	343,327	277,171
Vanguard 500 Index Signal Shares	1,028,345	-
Vanguard 500 Index Fund	-	884,960
Vanguard Extended Market Index Fund	291,485	240,046
Other mutual funds	952,294	860,630
	3,305,198	2,857,068
U.S. Government and agency obligations	844,095	908,272
Corporate bonds	1,092,122	891,948
Money market savings fund - Northern Inst'l Prime Obligations Portfolio	236,459	306,270
Interest-bearing cash	150,000	100,000
Total Investments	$ 5,627,874	$ 5,063,558
Net realized and unrealized gains (losses) on investments		
Mutual funds	$ 384,699	$ 114,180
U.S. Government and agency obligations	(14,178)	15,920
Corporate bonds	814	52,612
	371,335	182,712
Interest and dividends	153,364	119,936
Total Investment Income	$ 524,699	$ 302,648

Interest and dividends receivable amounted to $25,222 and $19,937 as of August 31, 2011 and 2010, 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.

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.

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Level 2 Fair Value Measurements: The fair values of U.S. government and agency obligations and corporate bonds are not actively traded or listed on an exchange and are estimated using a model-driven system to calculate prices. 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, 2011			
	Fair Value	Level 1	Level 2	Level 3
Mutual funds				
Small Cap	$ 223,783	$ 223,783	$ -	$ -
Mid Cap	634,812	634,812	-	-
Large Cap	1,779,644	1,779,644	-	-
International	666,959	666,959	-	-
U.S. government agency securities				
FHLMC certificates	217,022	-	217,022	-
FFCB certificates	153,314	-	153,314	-
FHLB certificates	358,277	-	358,277	-
FNMA certificates	115,482	-	115,482	-
Corporate bonds				
AAA Rated	54,851	-	54,851	-
AA Rated	165,427	-	165,427	-
A Rated	871,844	-	871,844	-
Money market savings fund	236,459	236,459	-	-
	$ 5,477,874	$ 3,541,657	$ 1,936,217	$ -

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

	August 31, 2010			
	Fair Value	Level 1	Level 2	Level 3
Mutual funds				
Small Cap	$ 196,150	$ 196,150	$ -	$ -
Mid Cap	517,217	517,217	-	-
Large Cap	1,568,981	1,568,981	-	-
International	574,720	574,720	-	-
U.S. government and agency obligations				
U.S. Treasury note	104,504	-	104,504	-
U.S. governmental agency securities				
FHLMC certificates	222,531	-	222,531	-
FFCB certificates	156,000	-	156,000	-
FHLB certificates	258,297	-	258,297	-
FNMA certificates	166,940	-	166,940	-
Corporate bonds				
AA Rated	112,656	-	112,656	-
A Rated	779,292	-	779,292	-
Money market savings fund	306,270	306,270	-	-
	$ 4,963,558	$ 3,163,338	$ 1,800,220	$ -

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, 2011

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Fair Value
	Mutual Funds			
	Buffalo Small Cap Fund	9,367.233 Shares	$ 225,001	$ 223,783
	Dodge & Cox International Stock Fund	3,810.929 Shares	160,745	123,588
	Dodge & Cox Stock Fund	2,053.237 Shares	224,495	208,383
	Fairholme Fund	7,922.557 Shares	237,758	221,277
	Fidelity Contrafund	4,772.096 Shares	237,562	321,639
	Harbor International Instl Fund	6,432.078 Shares	200,000	368,108
	T. Rowe Price Emerging Market Stock Fund	5,421.060 Shares	160,647	175,263
	T Rowe Price Mid Cap Growth Fund	6,032.800 Shares	262,329	343,327
	Vanguard 500 Index Signal Shares	11,046.782 Shares	419,497	1,028,345
	Vanguard Extended Market Index Signal Fund	8,616.165 Shares	200,001	291,485
	Total Mutual Funds		2,328,035	3,305,198
	U.S. Government and Agency Obligations			
	Federal Farm Credit Bank	$100,000 Par Value, 1.875%, due December 7, 2012	99,971	101,999
	Federal Farm Credit Bank	$50,000 Par Value, 5.375%, due March 13, 2017	49,953	51,315
	Federal Home Loan Bank	$100,000 Par Value, 5.125%, due August 14, 2013	99,766	109,339
	Federal Home Loan Bank	$100,000 Par Value, 5.000%, due November 17, 2017	99,838	119,944
	Federal Home Loan Bank	$25,000 Par Value, 4.125%, due March 13, 2020	24,925	27,916
	Federal Home Loan Bank	$100,000 Par Value, 2.000%, due August 11, 2015	100,000	101,078
	Federal Home Loan Mtg Corp	$100,000 Par Value, 5.000%, due July 15, 2014	99,425	112,687
	Federal Home Loan Mtg Corp	$100,000 Par Value, 5.125%, due July 15, 2012	99,490	104,335
	Federal National Mtg Assn	$100,000 Par Value, 5.000%, due April 15, 2015	99,578	115,482
	Total U.S. Government and Agency Obligations		772,946	844,095
	Corporate Bonds			
	Anheuser-Busch Cos Inc	$50,000 Par Value, 5.600%, due March 1, 2017	49,936	58,478
	Archer Daniels	$50,000 Par Value, 5.450%, due March 15, 2018	49,999	59,160
	Caterpillar Inc	$50,000 Par Value, 5.700%, due August 15, 2016	49,897	59,094
	Citigroup Inc	$50,000 Par Value, 5.100%, due September 29, 2011	49,895	50,119
	Citigroup Inc	$50,000 Par Value, 5.850%, due July 2, 2013	49,937	52,283
	Colgate-Palmolive Co	$50,000 Par Value, 2.625%, due May 1, 2017	49,975	52,290
	ConocoPhillips	$50,000 Par Value, 4.400%, due May 15, 2013	49,912	53,023
	Credit Suisse FB USA Inc	$50,000 Par Value, 5.125%, due August 15, 2015	49,938	53,608
	Google Inc	$50,000 Par Value, 2.125%, due May 19, 2016	49,983	51,637
	IBM Corp	$50,000 Par Value, 2.100%, due May 6, 2013	49,960	51,167
	JP Morgan Chase & Co	$50,000 Par Value, 5.150%, due October 1, 2015	49,660	53,195
	Lowe's Companies Inc	$50,000 Par Value, 5.400%, due October 15, 2016	49,824	57,944
	Microsoft Corp	$50,000 Par Value, 4.000%, due February 8, 2021	49,947	54,851
	National Rural Util Coop	$50,000 Par Value, 4.000%, due November 15, 2020	49,500	52,458
	Northern Trust Corp	$50,000 Par Value, 5.200%, due November 9, 2012	49,905	52,570
	PepsiCo Inc	$50,000 Par Value, 5.000%, due June 1, 2018	49,743	58,141
	Pfizer Inc	$50,000 Par Value, 6.200%, due March 15, 2019	49,950	61,500
	Target Corp	$50,000 Par Value, 5.875%, due July 15, 2016	49,981	59,173
	Walt Disney Co	$50,000 Par Value, 2.750%, due August 16, 2021	49,955	49,313
	Wells Fargo & Co	$50,000 Par Value, 5.125%, due September 1, 2012	49,624	52,118
	Total Corporate Bonds		997,521	1,092,122
	Money Market Savings Fund			
	Northern Inst'l Prime Obligations Portfolio	236,459 Shares	236,459	236,459
	Interest-Bearing Cash			
	Farmers & Merchant MM Savings Deposit	Money market savings deposit account	50,000	50,000
	Waterford Bank MM Savings Deposit Fund	Money market savings deposit account	100,000	100,000
	Total Investments		$ 4,484,961	$ 5,627,874

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, 2011

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain or Loss
Northern Inst'l Prime Obligations Portfolio	Money Market Savings	$ 662,490	$ -	$ -	$ 662,490	$ -
		-	732,301	732,301	732,301	-

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2010 This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

▶ 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.

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

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 9 Day 1 Year 2010

2	Assets:			
a	Market value		2a	5,083,495
b	Actuarial value		2b	5,302,146
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	38	2,383,541
b	For terminated vested participants	3b	60	1,091,390
c	For active participants:			
(1)	Non-vested benefits	3c(1)		86,592
(2)	Vested benefits	3c(2)		2,264,477
(3)	Total active	3c(3)	120	2,351,069
d	Total	3d	218	5,826,000
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions		4a	
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		4b	
5	Effective interest rate		5	6.35 %
6	Target normal cost		6	108,463

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.

SIGN HERE

Signature of actuary — Date: 05/24/2012

David M. Davala — Type or print name of actuary

11-07402 — Most recent enrollment number

Findley Davies, Inc. — Firm name

(216) 875-1900 — Telephone number (including area code)

1300 E. 9th Street, Suite 850

Cleveland OH 44114-1516 — 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 [ ]

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)	346,960	167,464
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)	346,960	167,464
10	Interest on item 9 using prior year's actual return of 5.92 %	20,540	9,914
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (item 38 from prior year)		151,392
	b Interest on (a) using prior year's effective rate of 7.04 %		10,658
	c Total available at beginning of current plan year to add to prefunding balance		162,050
	d Portion of (c) to be added to prefunding balance		162,050
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)	367,500	339,428

Part III Funding percentages

14	Funding target attainment percentage	14	78.87 %
15	Adjusted funding target attainment percentage	15	78.87 %
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	102.67 %
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 (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2010	80,000		03/11/2011	25,000	
10/13/2010	40,000		04/13/2011	25,000	
11/12/2010	40,000		05/11/2011	25,000	
12/13/2010	40,000		06/13/2011	25,000	
01/11/2011	25,000		07/12/2011	25,000	
02/11/2011	25,000		08/11/2011	25,000	
			Totals ► 18(b)	515,000	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	494,885

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] 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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.78 %	6.31 %	6.57 %	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	67

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	108,463

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	997,742	164,158
b Waiver amortization installment	0	0

33 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	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**	272,621

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	272,621
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	**37**	494,885
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	222,264
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Continuation of 2010 Form 5500
Schedule SB, line 18 - Contributions Made to the Plan for the Plan Year

Plan Name Retirement Plan for Employees of AAA Northwest Ohio **EIN:** 34-4374445
Plan Sponsor's Name AAA Northwest Ohio **PN:** 001

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/14/2012	25,000				
03/13/2012	30,000				
04/10/2012	30,000				
05/11/2012	30,000				

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Retirement Plan for Employees of AAA Northwest Ohio
September 1, 2010 Valuation
EIN/PN: 34-4374445 / 001

Rates of Retirement

Age(s)	Rate
60	5.00%
61	5.00
62	20.00
63	15.00
64	20.00
65	35.00
66-69	20.00
70	80.00
71+	100.00

Weighted Average Retirement Age is 67. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Schedule SB, line 24 – Change in Actuarial Assumptions
Retirement Plan for Employees of AAA Northwest Ohio
September 1, 2010 Valuation
EIN/PN: 34-4374445 / 001

Changes in Assumptions since the Last Actuarial Valuation

The rates of retirement were:

Age(s)	Rate
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

The rates of turnover have been rounded to whole percentages.

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

Justifications, Approvals, and Reporting Relating to Changes in Actuarial Assumptions

Assumption changes, other than those relating to mandated target liability interest rates and mortality tables, if any, increased the Target Liability by $527,442, 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, 2010 Valuation
EIN/PN: 34-4374445 / 001

Changes in Methods since the Last Actuarial Valuation

The full yield curve with the interest rates for April 2009 which are published in May 2009 was used for determining the funding target last year. The method for selecting these rates was changed from the full yield curve to the 24-month segment rates, including the valuation date. These rates were updated to the rates required for the current plan year.

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, 2010 Valuation
Retirement Plan for Employees of AAA Northwest Ohio
(EIN: 34-4374445; PN: 001)

Attained 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	-	3 (*)	1 (*)	-	-	-	-	-	-	-
25 to 29	-	14 (*)	2 (*)	-	-	-	-	-	-	-
30 to 34	-	3 (*)	5 (*)	1 (*)	-	-	-	-	-	-
35 to 39	-	7 (*)	4 (*)	2 (*)	-	-	-	-	-	-
40 to 44	-	8 (*)	2 (*)	5 (*)	1 (*)	2 (*)	-	-	-	-
45 to 49	-	7 (*)	5 (*)	2 (*)	1 (*)	3 (*)	2 (*)	-	-	-
50 to 54	-	3 (*)	2 (*)	3 (*)	1 (*)	-	1 (*)	2 (*)	-	-
55 to 59	-	6 (*)	1 (*)	4 (*)	-	-	2 (*)	-	4 (*)	-
60 to 64	-	2 (*)	1 (*)	2 (*)	3 (*)	-	-	-	-	-
65 to 69	-	-	1 (*)	-	1 (*)	-	-	-	-	-
70 & up	-	-	-	-	1 (*)	-	-	-	-	-

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

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Sponsor	AAA Northwest Ohio
EIN/PN	34-4374445/001
Effective Date	September 28, 1960; amended and restated effective September 1, 2003, amended by the First Amendment generally effective September 1, 2002, and amended effective December 31, 2010 to freeze the plan for most participants and to freeze participation.
Plan Year	The 12-month period beginning each September 1.
Participation	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. No new participants are permitted after December 31, 2010.
Annual Compensation	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).
Plan Compensation	The sum of the highest five consecutive Annual Compensation amounts divided by 60. This amount was frozen effective December 31, 2010.
Social Security Covered Compensation	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. This amount was frozen effective December 31, 2010.
Grandfathered Group	Participants who are at least age 50 and have at least 10 Years of Credited Service as of January 1, 2011, (known as the grandfathered group) may earn up to 5 additional Years of Credited Service (or until date of termination, whichever is earlier).
Credited Service	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. This amount was frozen as of December 31, 2010 for all participants who are not in the grandfathered group.

APPENDIX A (Continued)

Accrued Benefit	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. This amount was frozen effective December 31, 2010 for those participants not in the grandfathered group.
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.

APPENDIX A (Continued)

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. 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.

APPENDIX A (Continued)

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%, 75% 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 Mortality Table and the PBGC immediate rate for each September of the plan year of distribution.
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 the 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.
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 plan was frozen to new participants effective December 31, 2010. The accrued benefit was frozen effective December 31, 2010 for those participants who have not attained age 50 with at least 10 Years of Credited Service.

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: 24-month segment rates averaged through the end of September 2010:

a.	First Rate, Years 1-5	3.78%
b.	Second Rate, Years 5-20	6.31%
c.	Third Rate, Years 20+	6.57%
d.	Effective Interest Rate using the above rates	6.35%
e.	Interest rate for developing expected value of assets, (limited by statute)	6.82%
f.	Intermediate Level Contribution	6.35%

Salary Scale

N/A

Mortality

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(h)(3), male and female.

Rates of Retirement

Age	Rate
60	5.00%
61	5.00
62	20.00
63	15.00
64	20.00
65	35.00
66-69	20.00
70	80.00
71+	100.00

Weighted Average Retirement Age is 67. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

100% of Table S-10 of the 11th Railroad Retirement Board Valuation.

APPENDIX B (Continued)

Rates of Turnover

Based on age and length of service as follows:

	Completed Years of Service					
Age	0	1	2	3	4	5+
20	61%	55%	55%	55%	55%	55%
25	63	54	28	25	25	25
30	66	56	30	23	18	18
35	66	56	30	23	17	11
40	62	53	28	22	15	11
45	58	49	26	20	14	11
50	48	41	22	17	12	11
55	39	33	17	13	11	11

Assumptions Made In Valuing Spouse's Benefit

Eighty percent of the male and female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Election

All employees are assumed to elect the life annuity benefit.

Annual Increases to Maximum Benefits and Plan Compensation Limits

N/A

Annual Increases to Social Security

N/A

Provision for Expenses

The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual expenses during the prior year, were included in the Target Normal Cost for minimum contribution purposes.

APPENDIX B (Continued)

Asset Method	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, 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 due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.
Employees Valued	Only participants as of the valuation date were valued.

Schedule SB, line 32 – Schedule of Shortfall Amortization Bases
Retirement Plan for Employees of AAA Northwest Ohio
September 1, 2010 Valuation
EIN/PN: 34-4374445 / 001

EXHIBIT VII

SCHEDULE OF AMORTIZATION BASES

Plan Year Beginning **9/01/2010**

	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
Shortfall Amortization Bases	9/01/2010	$ 997,742	7.00	$ 164,158
	Total	$ 997,742		$ 164,158
Waiver Amortization Bases	9/01/2010	$ 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, 2011

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Fair Value
	Mutual Funds			
	Buffalo Small Cap Fund	9,367.233 Shares	$ 225,001	$ 223,783
	Dodge & Cox International Stock Fund	3,810.929 Shares	160,745	123,588
	Dodge & Cox Stock Fund	2,053.237 Shares	224,495	208,383
	Fairholme Fund	7,922.557 Shares	237,758	221,277
	Fidelity Contrafund	4,772.096 Shares	237,562	321,639
	Harbor International Instl Fund	6,432.078 Shares	200,000	368,108
	T. Rowe Price Emerging Market Stock Fund	5,421.060 Shares	160,647	175,263
	T Rowe Price Mid Cap Growth Fund	6,032.800 Shares	262,329	343,327
	Vanguard 500 Index Signal Shares	11,046.782 Shares	419,497	1,028,345
	Vanguard Extended Market Index Signal Fund	8,616.165 Shares	200,001	291,485
	Total Mutual Funds		2,328,035	3,305,198
	U.S. Government and Agency Obligations			
	Federal Farm Credit Bank	$100,000 Par Value, 1.875%, due December 7, 2012	99,971	101,999
	Federal Farm Credit Bank	$50,000 Par Value, 5.375%, due March 13, 2017	49,953	51,315
	Federal Home Loan Bank	$100,000 Par Value, 5.125%, due August 14, 2013	99,766	109,339
	Federal Home Loan Bank	$100,000 Par Value, 5.000%, due November 17, 2017	99,838	119,944
	Federal Home Loan Bank	$25,000 Par Value, 4.125%, due March 13, 2020	24,925	27,916
	Federal Home Loan Bank	$100,000 Par Value, 2.000%, due August 11, 2015	100,000	101,078
	Federal Home Loan Mtg Corp	$100,000 Par Value, 5.000%, due July 15, 2014	99,425	112,687
	Federal Home Loan Mtg Corp	$100,000 Par Value, 5.125%, due July 15, 2012	99,490	104,335
	Federal National Mtg Assn	$100,000 Par Value, 5.000%, due April 15, 2015	99,578	115,482
	Total U.S. Government and Agency Obligations		772,946	844,095
	Corporate Bonds			
	Anheuser-Busch Cos Inc	$50,000 Par Value, 5.600%, due March 1, 2017	49,936	58,478
	Archer Daniels	$50,000 Par Value, 5.450%, due March 15, 2018	49,999	59,160
	Caterpillar Inc	$50,000 Par Value, 5.700%, due August 15, 2016	49,897	59,094
	Citigroup Inc	$50,000 Par Value, 5.100%, due September 29, 2011	49,895	50,119
	Citigroup Inc	$50,000 Par Value, 5.850%, due July 2, 2013	49,937	52,283
	Colgate-Palmolive Co	$50,000 Par Value, 2.625%, due May 1, 2017	49,975	52,290
	ConocoPhillips	$50,000 Par Value, 4.400%, due May 15, 2013	49,912	53,023
	Credit Suisse FB USA Inc	$50,000 Par Value, 5.125%, due August 15, 2015	49,938	53,608
	Google Inc	$50,000 Par Value, 2.125%, due May 19, 2016	49,983	51,637
	IBM Corp	$50,000 Par Value, 2.100%, due May 6, 2013	49,960	51,167
	JP Morgan Chase & Co	$50,000 Par Value, 5.150%, due October 1, 2015	49,660	53,195
	Lowe's Companies Inc	$50,000 Par Value, 5.400%, due October 15, 2016	49,824	57,944
	Microsoft Corp	$50,000 Par Value, 4.000%, due February 8, 2021	49,947	54,851
	National Rural Util Coop	$50,000 Par Value, 4.000%, due November 15, 2020	49,500	52,458
	Northern Trust Corp	$50,000 Par Value, 5.200%, due November 9, 2012	49,905	52,570
	PepsiCo Inc	$50,000 Par Value, 5.000%, due June 1, 2018	49,743	58,141
	Pfizer Inc	$50,000 Par Value, 6.200%, due March 15, 2019	49,950	61,500
	Target Corp	$50,000 Par Value, 5.875%, due July 15, 2016	49,981	59,173
	Walt Disney Co	$50,000 Par Value, 2.750%, due August 16, 2021	49,955	49,313
	Wells Fargo & Co	$50,000 Par Value, 5.125%, due September 1, 2012	49,624	52,118
	Total Corporate Bonds		997,521	1,092,122
	Money Market Savings Fund			
	Northern Inst'l Prime Obligations Portfolio	236,459 Shares	236,459	236,459
	Interest-Bearing Cash			
	Farmers & Merchant MM Savings Deposit	Money market savings deposit account	50,000	50,000
	Waterford Bank MM Savings Deposit Fund	Money market savings deposit account	100,000	100,000
	Total Investments		$ 4,484,961	$ 5,627,874

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, 2011

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain or Loss
Northern Inst'l Prime Obligations Portfolio	Money Market Savings	$ 662,490	$ -	$ -	$ 662,490	$ -
		-	732,301	732,301	732,301	-