

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>09/01/2014</u> and ending <u>08/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ 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:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/28/1960</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/28/1960</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/28/1960</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>AAA NORTHWEST OHIO</u> <u>7150 WEST CENTRAL AVENUE</u> <u>TOLEDO, OH 43617</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-4374445</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-843-1200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>488990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-4374445</u>	2c Plan Sponsor's telephone number <u>419-843-1200</u>	2d Business code (see instructions) <u>488990</u>	
2b Employer Identification Number (EIN) <u>34-4374445</u>					
2c Plan Sponsor's telephone number <u>419-843-1200</u>					
2d Business code (see instructions) <u>488990</u>					

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.	02/29/2016	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 193
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 64 6a(2) 56 6b 53 6c 78 6d 187 6e 3 6f 190 6g 6h 0
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 Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015

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.

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

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

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2014			
2 Assets:			
a Market value	2a	7972264	
b Actuarial value	2b	7517015	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	55	2926438	2926438
b For terminated vested participants	74	1369628	1369628
c For active participants	64	2229809	2259429
d Total	193	6525875	6555495
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.55%	
6 Target normal cost	6	67372	

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>DAVID M. DAVALA</div> <div>Type or print name of actuary</div> <div>FINDLEY DAVIES, INC.</div> <div>Firm name</div> <div>1300 E. 9TH STREET SUITE 850 CLEVELAND, OH 44114-1516</div> <div>Address of the firm</div>	<div>12/04/2015</div> <div>Date</div> <div>14-07402</div> <div>Most recent enrollment number</div> <div>216-875-1900</div> <div>Telephone number (including area code)</div>
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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 (line 13 from prior year)	0	213725
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	213725
10 Interest on line 9 using prior year's actual return of <u>15.07</u> %	0	32208
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		355172
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.38</u> %		22660
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		377832
d Portion of (c) to be added to prefunding balance		377832
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	623765

Part III Funding Percentages		
14 Funding target attainment percentage	14	105.15 %
15 Adjusted funding target attainment percentage	15	114.66 %
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	100.00 %
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
09/10/2014	35000	0	03/10/2015	35000	0
10/10/2014	35000	0	04/10/2015	35000	0
11/12/2014	35000	0	05/08/2015	35000	0
12/10/2014	35000	0	06/09/2015	35000	0
01/12/2015	35000	0	07/09/2015	35000	0
02/10/2015	35000	0	08/10/2015	35000	0
Totals ▶			18(b)	420000	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 contributions 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	407424
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	67372	
b Excess assets, if applicable, but not greater than line 31a	31b	67372	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0	0	
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 (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	407424	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	407424	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning **09/01/2014** and ending **08/31/2015**

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 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)..... ☐ 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

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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)

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?
18 21 27 50 52 60	TRUSTEE	26162	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee 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 ☐

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)

(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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015		
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)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	17951	15064
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	189659	387921
(2) U.S. Government securities	1c(2)	1079670	1131024
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1254313	1134839
(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)	5430672	5374849
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	7972265	8043697

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7972265	8043697
---	-----------	---------	---------

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)	420000	
(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)		420000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	305	
(B) U.S. Government securities	2b(1)(B)	21616	
(C) Corporate debt instruments	2b(1)(C)	41218	
(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)		63139
(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)	223859	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		223859
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	397775	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	403604	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-5829
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-14445	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-14445

		(a) Amount	(b) Total
(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)		-251768
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		434956

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	337362	
(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)		337362
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)	26162	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		26162
j Total expenses. Add all expense amounts in column (b) and enter total	2j		363524

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		71432
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: REHMANN ROBSON LLC

(2) EIN: 38-3635706

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		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.).....		X	
e Was this plan covered by a fidelity bond?	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?		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?.....		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?.....		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015

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

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	<u>0</u>
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): <u>34-1661757</u>		
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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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 (include any prior year accumulated funding deficiency not waived).....	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 or other authority 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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ 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.
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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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Retirement
Plan for
Employees of
AAA
Northwest
Ohio



Years Ended
August 31,
2015 and 2014

Financial
Statements
and
Supplementary
Information

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

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INDEPENDENT AUDITORS' REPORT

January 18, 2016

Board of Directors
AAA Allied Group, Inc.
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the *Retirement Plan for Employees of AAA Northwest Ohio* (the "Plan"), which comprise the statements of net assets available for benefits as of August 31, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Independent Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 3, 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. 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 certifications from the trustee as of and for the years ended August 31, 2015 and 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Rehmann is a member firm of the "Nexia International" network. Nexia International Limited does not deliver services in its own name or otherwise. Nexia International Limited and the member firms of the Nexia International network (including those members which trade under a name which includes the word NEXIA) are not part of a worldwide partnership. Member firms of the Nexia International network are independently owned and operated. The trade marks NEXIA INTERNATIONAL, NEXIA and the NEXIA logo are owned by Nexia International Limited and used under licence. References to Nexia or Nexia International are to Nexia International Limited or to the "Nexia International" network of firms, as the context may dictate.

Supplemental Schedules

The supplemental schedules of assets (held at end of year) and of reportable transactions as of and for the year ended August 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

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.

Rehmann Loborn LLC

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	August 31	
	2015	2014
Investments at fair value		
Mutual funds	\$ 5,374,849	\$ 5,430,672
U.S. government and agency obligations	1,131,024	1,079,670
Corporate bonds	1,134,839	1,254,313
Money market fund	272,921	24,659
Interest-bearing cash	115,000	165,000
	<hr/>	<hr/>
Total investments at fair value	8,028,633	7,954,314
Interest and dividends receivable	15,064	17,951
	<hr/>	<hr/>
Total assets (equal to net assets available for benefits)	<u>\$ 8,043,697</u>	<u>\$ 7,972,265</u>

The accompanying notes are an integral part of these financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended August 31	
	2015	2014
Additions to net assets attributed to		
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ (272,042)	\$ 805,942
Interest and dividends	286,998	233,665
	<u>14,956</u>	<u>1,039,607</u>
Total investment income	14,956	1,039,607
Employer contributions	<u>420,000</u>	<u>420,000</u>
Total additions	434,956	1,459,607
Deductions from net assets attributed to		
Benefits paid to participants	337,362	314,235
Administrative expenses	<u>26,162</u>	<u>23,908</u>
Total deductions	363,524	338,143
Net increase	71,432	1,121,464
Net assets available for benefits		
Beginning of year	<u>7,972,265</u>	<u>6,850,801</u>
End of year	<u>\$ 8,043,697</u>	<u>\$ 7,972,265</u>

The accompanying notes are an integral part of these financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following brief 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.

Description of the Plan

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 had 10 years or more of credited service may accrue up to an additional 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 was 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.

Effective October 1, 2015, AAA merged with AAA Allied Group, Inc. (“Allied”). Under the merger agreement, Allied is the surviving entity and AAA is no longer a separately existing entity. This change in the Plan’s sponsor has no direct impact on the operations of the Plan.

Funding Policy

AAA contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. 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.

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 credited service cannot exceed 35 years and employees may be credited for employment at other AAA clubs under certain conditions.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

NOTES TO FINANCIAL STATEMENTS

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. If the present value of participant's vested portion 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 is entitled to a benefit payable to their spouse in the form of a 50% surviving spouse annuity.

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.

Vesting

A participant becomes fully vested after five years of service or upon attaining the early retirement age of 60.

Administrative Expenses

AAA has the option of paying administrative expenses of the Plan or having the Plan pay them. The Plan paid expenses of \$26,162 in 2015 and \$23,908 in 2014.

Summary of 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").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein. Actual results could differ from those estimates.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

NOTES TO FINANCIAL STATEMENTS

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note 4 for a discussion of the Plan's fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in mutual funds and the money market fund are deducted from investment income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as an increase in net depreciation or a reduction in net appreciation in fair value of such investments.

Contributions

Contributions are recorded in the Plan year in which they become obligations of AAA.

Benefit Payments

Benefits paid to participants or their beneficiaries are recorded upon distribution.

Subsequent Events

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to August 31, 2015, the most recent statement of net assets available for benefits presented herein, through January 18, 2016, the date these financial statements were available to be issued. Except for the merger of AAA with Allied discussed above, no significant events or transactions of this nature were identified.

2. 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 actuarial present value of accumulated plan benefits is determined by Findley Davies, Inc., the Plan's actuary, and 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.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

NOTES TO FINANCIAL STATEMENTS

The significant assumptions used in the determination of the actuarial present value of accumulated plan benefits were as follows as of September 1, 2015 and 2014:

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 of the obligation and blended as described in Regulation 1.430(h)(3)
Average retirement age	67
Valuation interest rate	7.5%
Turnover	Based on historical experience of AAA

These 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.

At August 31, 2015, new mortality tables were available. Use of these tables was not required in the calculation of the Plan's accumulated plan benefits and was not used for this purpose. The estimated impact of using these tables would be to increase the actuarial present value of accumulated benefit by approximately 5% at August 31, 2015.

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

	2015	2014
Vested benefits		
Participants currently receiving benefits	\$ 2,748,280	\$ 2,685,549
Others participants	<u>3,202,807</u>	<u>3,162,997</u>
Total vested benefits	5,951,087	5,848,546
Nonvested benefits	<u>21,991</u>	<u>29,013</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 5,973,078</u>	<u>\$ 5,877,559</u>

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

	2015	2014
Actuarial present value of accumulated plan benefits at beginning of year	\$ 5,877,559	\$ 5,649,602
Change attributable to		
Additional benefits accumulated	4,486	130,043
Increase for interest due to the decrease in discount period	428,395	412,149
Benefits paid	<u>(337,362)</u>	<u>(314,235)</u>
Net change	<u>95,519</u>	<u>227,957</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 5,973,078</u>	<u>\$ 5,877,559</u>

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

NOTES TO FINANCIAL STATEMENTS

3. INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Trust Company of Toledo, N.A., the Plan trustee, has certified the completeness and accuracy of the investment information reflected in (1) the accompanying statements of net assets available for benefits as of August 31, 2015 and 2014, (2) the August 31, 2015, supplemental schedules of assets (held at end of year) and reportable transactions for the year then ended, (3) the related investment activity reflected in the statements of changes in net assets available for benefits during 2015 and 2014, and (4) the information summarized below.

Investments representing 5% or more of the Plan's net assets available for benefits are as follows at August 31:

	2015	2014
Investments at fair value		
Mutual funds		
Alger Cap Appreciation Inst'l - I	\$ 501,642	\$ -
Fidelity Contrafund	846,708	549,816
Harbor International Inst'l Fund	*	462,466
T Rowe Price Mid Cap Growth Fund	-	598,879
Vanguard Dividend Growth Fund	409,734	*
Vanguard Institutional Index	2,040,664	1,741,742
Vanguard Extended Market Idx Admiral	473,066	559,104
Other investments, individually less than 5% of the Plan's net assets available for benefits	<u>3,756,819</u>	<u>4,042,307</u>
Total investments at fair value	<u>\$ 8,028,633</u>	<u>\$ 7,954,314</u>

* Investment did not represent more than 5% of the Plan's net assets available for benefits at end of year.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

NOTES TO FINANCIAL STATEMENTS

The Plan's investments (depreciated) appreciated in fair value, including gains and losses on investments bought and sold as well as held during the year, as follows for the years ended August 31:

	2015	2014
Mutual funds	\$ (251,768)	\$ 793,197
U.S. government and agency obligations	1,381	2,215
Corporate bonds	<u>(21,655)</u>	<u>10,530</u>
Net (depreciation) appreciation in fair value of investments	<u>\$ (272,042)</u>	<u>\$ 805,942</u>

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy of each of the Plan's assets is based on the lowest level of any input that is significant to the fair value measurements. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

NOTES TO FINANCIAL STATEMENTS

The following is a description of the valuation methodologies used for assets measured at fair value. For financial assets recorded at fair value, the description includes an indication of the level of the fair value hierarchy in which the assets are classified. There have been no changes in the methodologies used at August 31, 2015 and 2014.

Mutual funds and money market fund: Shares held in mutual funds and the money market fund are valued at quoted market prices that represent the net asset value ("NAV") of shares held by the Plan at year-end and are classified as Level 1. The NAV is based on the value of the underlying assets owned by each fund, less its liabilities then divided by the number of shares outstanding. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. government and agency obligations and corporate bonds: The U.S. government and agency obligations and corporate bonds are not actively traded or listed on an exchange. Therefore, fair values are estimated using a model-driven system to calculate prices and these investments are classified as Level 2. 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 security) the value is then calculated using the standard yield-to-maturity formula.

Interest-bearing cash: The fair value of the interest-bearing cash is based on the prevailing interest yields for similar investments in the market and are classified as Level 2.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

NOTES TO FINANCIAL STATEMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at August 31:

2015	Level 1	Level 2	Level 3	Total
Mutual funds				
Mid cap	\$ 473,066	\$ -	\$ -	\$ 473,066
Large cap	4,126,026	-	-	4,126,026
International	775,757	-	-	775,757
U.S. government and agency obligations				
U.S. Treasury notes	-	350,459	-	350,459
FFCB certificates	-	147,803	-	147,803
FHLB certificates	-	334,376	-	334,376
FNMA certificates	-	298,386	-	298,386
Corporate bonds				
AAA rated	-	104,251	-	104,251
AA rated	-	310,536	-	310,536
A rated	-	720,052	-	720,052
Money market fund	272,921	-	-	272,921
Interest-bearing cash	-	115,000	-	115,000
Total assets at fair value	<u>\$ 5,647,770</u>	<u>\$ 2,380,863</u>	<u>\$ -</u>	<u>\$ 8,028,633</u>
2014	Level 1	Level 2	Level 3	Total
Mutual funds				
Small cap	\$ 381,431	\$ -	\$ -	\$ 381,431
Mid cap	1,157,983	-	-	1,157,983
Large cap	3,054,449	-	-	3,054,449
International	836,809	-	-	836,809
U.S. government and agency obligations				
U.S. Treasury notes	-	446,207	-	446,207
FFCB certificates	-	195,775	-	195,775
FHLB certificates	-	187,790	-	187,790
FNMA certificates	-	249,898	-	249,898
Corporate bonds				
AAA rated	-	104,670	-	104,670
AA rated	-	264,755	-	264,755
A rated	-	884,888	-	884,888
Money market fund	24,659	-	-	24,659
Interest-bearing cash	-	165,000	-	165,000
Total assets at fair value	<u>\$ 5,455,331</u>	<u>\$ 2,498,983</u>	<u>\$ -</u>	<u>\$ 7,954,314</u>

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

NOTES TO FINANCIAL STATEMENTS

5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Fees paid by the Plan for party-in-interest transactions, including custodial, record keeping, and actuarial services, amounted to \$26,162 in 2015 and \$23,908 in 2014. Fees paid by the Plan for investment management services are included as an increase in net depreciation or a reduction of net appreciation in fair value of investments.

6. INCOME TAX STATUS

The Internal Revenue Service has determined and informed AAA by a letter dated June 29, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

The Plan Administrator has analyzed the income tax positions taken by the Plan, and has concluded that, as of August 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan may be subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years ending prior to August 31, 2012.

7. PLAN TERMINATION

AAA has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to certain provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan would be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- B. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC", a U.S. government agency) up to the applicable limitations (discussed below).
- C. All other vested benefits (that is, vested benefits not insured by the PBGC).
- D. All non-vested benefits.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

NOTES TO FINANCIAL STATEMENTS

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Although no definitive decision has been made, it is AAA's intention to terminate the Plan when its assets are sufficient to annuitize its remaining obligations.

8. 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, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported in these financial statements based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

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SUPPLEMENTARY INFORMATION

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AUGUST 31, 2015
PLAN NUMBER 001
EMPLOYER IDENTIFICATION NO 34-4374445

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds			
	Alger	Alger Cap Appreciation Inst'l - I, 18,404.887 shares	\$ 540,293	\$ 501,642
	Dodge & Cox	Dodge & Cox Stock Fund, 1,927.210 shares	226,080	327,278
	Fidelity	Fidelity Contrafund, 8,534.499 shares	624,121	846,708
	Harbor	Harbor International Inst'l Fund, 3,960.771 shares	151,691	253,450
	Invesco	Invesco International Growth - I, 5,975.235 shares	212,513	186,547
	MFS	MFS International New Discovery, 5,781.092 shares	169,030	162,102
	T Rowe Price	T Rowe Price Intl New Asia, 4,899.134 shares	86,632	71,821
	T Rowe Price	T Rowe Price Emerging Market Stock, 3,536.008 shares	110,343	101,837
	Vanguard	Vanguard Dividend Growth 18,821.034 shares	375,928	409,734
	Vanguard	Vanguard Institutional Index 7,212.464 shares	1,715,072	2,040,664
	Vanguard	Vanguard Extended Market Idx Admiral, 7,212.464 shares	227,571	473,066
	Total mutual funds		4,439,274	5,374,849
	U.S. government and agency obligations			
	U.S Government	Treasury Note, \$50,000 Face Value 1.375%, due February 28, 2019	49,703	50,211
	U.S Government	Treasury Note, \$50,000 Face Value 0.875%, due July 31, 2019	48,016	49,059
	U.S. Government	Treasury Note, \$50,000 Face Value 1.500%, due January 31, 2019	49,844	50,437
	U.S. Government	Treasury Note, \$50,000 Face Value 1.375%, due May 31, 2020	48,813	49,638
	U.S. Government	Treasury Note, \$50,000 Face Value 2.000%, due September 30, 2020	50,312	50,957

Continued

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) AUGUST 31, 2015 PLAN NUMBER 001 EMPLOYER IDENTIFICATION NO 34-4374445

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	U.S. Government	Treasury Note, \$50,000 Face Value 1.375%, due July 31, 2018	\$ 49,922	\$ 50,438
	U.S. Government	Treasury Note, \$50,000 Face Value 0.750%, due March 31, 2018	49,031	49,719
	Federal Farm Credit Bank	\$50,000 Par Value, 1.840%, due June 4, 2020	49,925	49,702
	Federal Farm Credit Bank	\$50,000 Par Value, 1.240%, due November 13, 2018	49,962	49,803
	Federal Farm Credit Bank	\$50,000 Par Value, 3.000%, due May 1, 2028	49,987	48,298
	Federal Home Loan Bank	\$25,000 Par Value, 4.125%, due March 13, 2020	24,925	27,800
	Federal Home Loan Bank	\$100,000 Par Value, 5.000%, due November 17, 2017	99,838	108,791
	Federal Home Loan Bank	\$50,000 Par Value, 2.125%, due June 9, 2023	49,950	49,005
	Federal Home Loan Bank	\$50,000 Par Value, 1.300% due March 29, 2018	50,000	50,039
	Federal Home Loan Bank	\$50,000 Par Value, 2.190% due January 13, 2022	50,000	49,466
	Federal Home Loan Bank	\$50,000 Par Value, 3.000% due January 21, 2025	50,000	49,276
	Federal National Mortgage Assn	\$100,000 Par Value, 0.875%, due May 21, 2018	97,548	99,382
	Federal National Mortgage Assn	\$50,000 Par Value, 1.500%, due February 20, 2020	49,007	49,652
	Federal National Mortgage Assn	\$50,000 Par Value, 1.125% due January 30, 2018	50,000	50,031
	Federal National Mortgage Assn	\$100,000 Par Value, 1.500%, due April 28, 2020	99,950	99,320
	Total U.S. government and agency obligations		1,116,733	1,131,024
	Corporate bonds			
	Amazon.com Inc	\$50,000 Par Value, 0.650%, due November 27, 2015	50,000	50,010
	Anheuser-Busch Cos Inc	\$50,000 Par Value, 5.600%, due March 1, 2017	49,936	53,353

Continued

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AUGUST 31, 2015
PLAN NUMBER 001
EMPLOYER IDENTIFICATION NO 34-4374445

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Archer Daniels	\$50,000 Par Value, 5.450%, due March 15, 2018	\$ 49,999	\$ 54,811
	Berkshire Hathaway Inc	\$50,000 Par Value, 3.400%, due January 31, 2022	50,175	51,820
	Caterpillar Inc	\$50,000 Par Value, 5.700%, due August 15, 2016	49,898	52,341
	Colgate-Palmolive Co	\$50,000 Par Value, 2.625%, due May 1, 2017	49,975	51,454
	Estee Lauder Co Inc	\$50,000 Par Value, 2.350%, due August 15, 2022	49,909	49,267
	General Dynamics Corp	\$50,000 Par Value, 1.000%, due November 15, 2017	49,900	49,573
	Google Inc	\$50,000 Par Value, 2.125%, due May 19, 2016	49,982	50,606
	Intel Corp	\$50,000 Par Value, 1.350%, due December 15, 2017	50,000	49,927
	JP Morgan Chase & Co	\$50,000 Par Value, 5.150%, due October 1, 2015	49,660	50,170
	Lowe's Companies Inc	\$50,000 Par Value, 5.400%, due October 15, 2016	49,824	52,473
	Microsoft Corp	\$50,000 Par Value, 4.000%, due February 8, 2021	49,947	54,348
	Microsoft Corp	\$50,000 Par Value, 0.875%, due November 15, 2017	49,900	49,903
	National Rural Util	\$50,000 Par Value, 3.050%, due February 15, 2022	50,156	50,013
	National Rural Util Coop	\$50,000 Par Value, 4.000%, due November 15, 2020	49,500	52,450
	Oracle Corp	\$50,000 Par Value, 1.200%, due October 15, 2017	50,181	49,812
	PepsiCo Inc	\$50,000 Par Value, 5.000%, due June 1, 2018	49,743	54,600
	Pfizer Inc	\$50,000 Par Value, 6.200%, due March 15, 2019	49,950	56,834
	Praxair Inc	\$50,000 Par Value, 2.450%, due February 15, 2022	50,000	48,225

Continued

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AUGUST 31, 2015
PLAN NUMBER 001
EMPLOYER IDENTIFICATION NO 34-4374445

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Target Corp	\$50,000 Par Value, 5.875%, due July 15, 2016	\$ 49,981	\$ 52,239
	Walt Disney Co	\$50,000 Par Value, 2.750%, due August 16, 2021	49,955	50,610
	Total corporate bonds		1,098,571	1,134,839
	Money market fund			
	Northern Trust	Northern Inst'l Prime Obligations Portfolio, 272,921.33 shares	272,921	272,921
	Interest-bearing cash			
	Farmers & Merchants Bank	Money market savings deposit account, interest at 0.22%	50,000	50,000
	Waterford Bank	Money market savings deposit account, interest at 0.22%	65,000	65,000
	Total interest-bearing cash		115,000	115,000
	Total investments		\$ 7,042,499	\$ 8,028,633

The above information has been certified by the Trust Company of Toledo, N.A., the trustee of the Plan, to be complete and accurate.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED AUGUST 31, 2015 PLAN NUMBER 001 EMPLOYER IDENTIFICATION NO. 34-4374445

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
a) A single transaction in excess of 5% of the current value of Plan assets:						
Alger	Alger Cap Appreciation Inst'l - I	\$ 497,818	\$ -	\$ 497,818	\$ 497,818	\$ -
c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets:						
Alger	Alger Cap Appreciation Inst'l - I					
	2 purchases	553,250	-	553,250	553,250	-
	1 sale	-	12,100	12,957	12,100	(857)
Northern	Northern Inst'l Prime Obligations Portfolio					
	77 purchases	1,005,265	-	1,005,265	1,005,265	-
	25 sales	-	757,003	757,003	757,003	-
T Rowe Price	T Rowe Price Mid Cap Growth Fund					
	1 sale	-	597,126	356,398	597,126	240,728

There were no reportable transactions under categories b) or d).

The above information has been certified by The Trust Company of Toledo, N.A., the trustee of the Plan, to be complete and accurate.

Schedule SB, Line 26 - Schedule of Active Participant Data

September 1, 2014 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	-	-	-	-	-	-	-	-	-	-
25 to 29	-	2 (*)	-	-	-	-	-	-	-	-
30 to 34	-	1 (*)	3 (*)	-	-	-	-	-	-	-
35 to 39	-	2 (*)	5 (*)	1 (*)	-	-	-	-	-	-
40 to 44	-	2 (*)	2 (*)	1 (*)	-	-	-	-	-	-
45 to 49	-	2 (*)	2 (*)	4 (*)	2 (*)	2 (*)	-	-	-	-
50 to 54	-	2 (*)	5 (*)	-	1 (*)	3 (*)	2 (*)	-	1 (*)	-
55 to 59	-	2 (*)	-	-	2 (*)	1 (*)	1 (*)	1 (*)	-	-
60 to 64	-	3 (*)	1 (*)	-	2 (*)	1 (*)	1 (*)	-	-	3 (*)
65 to 69	-	-	-	1 (*)	-	-	-	-	-	-
70 & up	-	-	-	-	-	-	-	-	-	-

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

Appendix B

Statement of Actuarial Assumptions and Methods

Interest Rates

Funding: 24-month segment rates averaged through the end of August 2014 and published in September 2014:

	Pre MAP-21/ HATFA	Reflecting MAP-21/ HATFA
a. First Rate, Years 1-5	1.15%	4.99%
b. Second Rate, Years 5-20	4.06%	6.32%
c. Third Rate, Years 20+	5.15%	6.99%
d. Effective Interest Rate using the above rates	4.50%	6.55%
e. Interest rate for developing expected value of assets, (limited by statute to 6.76%)		7.50%
f. Intermediate Level Contribution		6.55%

Salary Scale

N/A

Mortality

RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female, with combined rates for annuitants and nonannuitants, and applicable to years beginning in 2014.

Rates of Retirement

<u>Age</u>	<u>Rate</u>
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

Appendix B (Continued)

Rates of Retirement (Continued)

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.

Rates of Turnover

Based on age and length of service as follows:

Age	Completed Years of Service					
	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 with 120 payments guaranteed.

Annual Increases to Maximum Benefits and Plan Compensation Limits

N/A

Annual Increases to Social Security

N/A

Appendix B (Continued)

<i>Provision for Expenses</i>	The expected administrative (i.e. non-investment) expenses are assumed to equal actual expenses paid from plan assets during the prior year, if any. These were included in the Target Normal Cost for minimum contribution purposes.
<i>Standing Elections</i>	AAA has signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement. AAA does <u>not</u> have a standing election to add the maximum amount possible to the Prefunding Balance for any future affected plan year.
<i>Asset Method</i>	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.
<i>Employees Valued</i>	Only participants as of the valuation date were valued.
<i>Selection of Assumptions</i>	<p>The segment rates and mortality table used to determine minimum funding and funded ratios were based on methodology mandated by Internal Revenue Code and rates published by the Internal Revenue Service to affect it.</p> <p>A complete review of non-economic assumptions, to satisfy ASOP 35, was done for the September 1, 2010 valuation, and we monitor the gains and losses annually to ensure the assumptions are still reasonable.</p>

Appendix B (Continued)

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

The segmented interest rates used for determining the funding target were 4.94%, 6.15% and 6.76%. These rates were updated to the rates required for the current plan year and also reflect MAP-21/HATFA.

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

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

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED AUGUST 31, 2015 PLAN NUMBER 001 EMPLOYER IDENTIFICATION NO. 34-4374445

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
a) A single transaction in excess of 5% of the current value of Plan assets:						
Alger	Alger Cap Appreciation Inst'l - I	\$ 497,818	\$ -	\$ 497,818	\$ 497,818	\$ -
c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets:						
Alger	Alger Cap Appreciation Inst'l - I					
	2 purchases	553,250	-	553,250	553,250	-
	1 sale	-	12,100	12,957	12,100	(857)
Northern	Northern Inst'l Prime Obligations Portfolio					
	77 purchases	1,005,265	-	1,005,265	1,005,265	-
	25 sales	-	757,003	757,003	757,003	-
T Rowe Price	T Rowe Price Mid Cap Growth Fund					
	1 sale	-	597,126	356,398	597,126	240,728

There were no reportable transactions under categories b) or d).

The above information has been certified by The Trust Company of Toledo, N.A., the trustee of the Plan, to be complete and accurate.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2014**This Form is Open to Public
Inspection**

For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015

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

Part I Basic Information

1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value.....		2a	7972264
b Actuarial value.....		2b	7517015
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	55	2926438	2926438
b For terminated vested participants.....	74	1369628	1369628
c For active participants.....	64	2229809	2259429
d Total.....	193	6525875	6555495
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....	5	6.55%	
6 Target normal cost.....	6	67372	

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

David M. Davala

Type or print name of actuary

Findley Davies, Inc.

Firm name

1300 E. 9th Street
Suite 850
Cleveland OH

44114-1516

Address of the firm

12/4/15

Date

1407402

Most recent enrollment number

216-875-1900

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2014
v. 140124

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 (line 13 from prior year).....	0	213725
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	213725
10 Interest on line 9 using prior year's actual return of <u>15.07%</u>	0	32208
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		355172
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.39%</u>		22660
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		377832
d Portion of (c) to be added to prefunding balance		377832
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	623765

Part III Funding Percentages

14 Funding target attainment percentage	14	105.15%
15 Adjusted funding target attainment percentage	15	114.66%
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	100.00%
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
09/10/2014	35000	0			
10/10/2014	35000	0			
11/12/2014	35000	0			
12/10/2014	35000	0			
01/12/2015	35000	0			
02/10/2015	35000	0			
03/10/2015	35000	0			
04/10/2015	35000	0			
05/08/2015	35000	0			
06/09/2015	35000	0			
07/09/2015	35000	0			
08/10/2015	35000	0			
Totals ▶			18(b)	420000	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 contributions 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	407424

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 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:
4.99%2nd segment:
6.32%3rd segment:
6.99%☐ 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 subject to 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 contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 67372**b** Excess assets, if applicable, but not greater than line 31a **31b** 67372**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**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 (lines 31a - 31b + 32a + 32b - 33) ... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 407424**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 407424**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42** 0**43** Excess installment acceleration amount to be carried over to future plan years **43** 0

Schedule SB, line 22 – Description of Weighted Average Retirement Age
 Retirement Plan for Employees of AAA Northwest Ohio
 September 1, 2014 Valuation
 EIN/PN: 34-4374445 / 001

Rates of Retirement

<u>Age</u>	<u>Rate</u>
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.

Appendix A

Summary of Principal Plan Provisions

<i>Plan Sponsor</i>	AAA Northwest Ohio
<i>EIN/PN</i>	34-4374445/001
<i>Effective Date</i>	September 28, 1960; amended and restated effective September 1, 2011.
<i>Plan Year</i>	The 12-month period beginning each September 1.
<i>Participation</i>	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.
<i>Annual Compensation</i>	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).
<i>Plan Compensation</i>	The sum of the highest five consecutive Annual Compensation amounts divided by 60. This amount was frozen effective December 31, 2010.
<i>Social Security Covered Compensation</i>	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.
<i>Grandfathered Group</i>	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).

Appendix A (Continued)

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.

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.

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.

Appendix A (Continued)

Late Retirement Benefit

Eligibility:

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

Monthly Benefit:

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

Termination Benefit

Eligibility:

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

Monthly Benefit:

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

Death Benefit

Eligibility:

100% vested.

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.

Appendix A (Continued)

<i>Top Heavy Provisions</i>	Special provisions relating to minimum benefit, vesting, etc. under IRC Section 416 will automatically become effective should the Plan become top-heavy.
<i>Optional Forms of Benefit</i>	<p><u>Life Annuity with Certain Period</u> – 0, 60, 120, or 180 months – payments monthly for the life of the participant with the first 0, 60, 120, or 180 months guaranteed.</p> <p><u>Joint and Survivor Annuity</u> – 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.</p> <p>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.</p>
<i>Benefits Payable as Lump Sums</i>	<p>This plan pays only small lump sums (those less than \$1,000) automatically.</p> <p>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.</p>
<i>Funding of Plan</i>	The employer pays the entire cost.
<i>Maximum Benefit Limit</i>	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
<i>Plan Compensation Limit</i>	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.
<i>Changes in Plan Provisions</i>	None.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AUGUST 31, 2015
PLAN NUMBER 001
EMPLOYER IDENTIFICATION NO 34-4374445

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Target Corp	\$50,000 Par Value, 5.875%, due July 15, 2016	\$ 49,981	\$ 52,239
	Walt Disney Co	\$50,000 Par Value, 2.750%, due August 16, 2021	49,955	50,610
	Total corporate bonds		1,098,571	1,134,839
	Money market fund			
	Northern Trust	Northern Inst'l Prime Obligations Portfolio, 272,921.33 shares	272,921	272,921
	Interest-bearing cash			
	Farmers & Merchants Bank	Money market savings deposit account, interest at 0.22%	50,000	50,000
	Waterford Bank	Money market savings deposit account, interest at 0.22%	65,000	65,000
	Total interest-bearing cash		115,000	115,000
	Total investments		\$ 7,042,499	\$ 8,028,633

The above information has been certified by the Trust Company of Toledo, N.A., the trustee of the Plan, to be complete and accurate.

Schedule SB, line 32 – Schedule of Shortfall Amortization Bases
 Retirement Plan for Employees of AAA Northwest Ohio
 September 1, 2014 Valuation
 EIN/PN: 34-4374445 / 001

Schedule of Amortization Bases

	Plan Year Beginning			9/01/2014
	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
<i>Shortfall Amortization Bases</i>	9/01/2014	\$ 0	7	\$ 0
	Total	\$ 0		\$ 0
<i>Waiver Amortization Bases</i>	9/01/2014	\$ 0		\$ 0