

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 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: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2017 or fiscal plan year beginning <u>09/01/2017</u> and ending <u>08/31/2018</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.)	
	☒ 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>	1b	Three-digit plan number (PN) ▶ <u>012</u>
		1c	Effective date of plan <u>09/28/1960</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AAA CLUB ALLIANCE INC</u> <u>CORPORATE TAX DEPARTMENT</u> <u>1 RIVER PL</u> <u>WILMINGTON, DE 19801-5125</u>	2b	Employer Identification Number (EIN) <u>23-0758010</u>
		2c	Plan Sponsor's telephone number <u>302-299-4355</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.	06/14/2019	DIANE SEEGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/14/2019	CATHLEEN OVCHAR
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor AAA CLUB ALLIANCE INC CORPORATE TAX DEPARTMENT 1 RIVER PL WILMINGTON, DE 19801-5125	3b Administrator's EIN 23-0758010 3c Administrator's telephone number 302-299-4355
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 188
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	6a(1) 34
a(2) Total number of active participants at the end of the plan year	6a(2) 29
b Retired or separated participants receiving benefits	6b 62
c Other retired or separated participants entitled to future benefits	6c 91
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 182
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 5
f Total. Add lines 6d and 6e	6f 187
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
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
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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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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>2017</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

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) 012
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AAA CLUB ALLIANCE INC	D Employer Identification Number (EIN) 23-0758010

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
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Part I	Basic Information
1 Enter the valuation date: Month 09 Day 01 Year 2017	
2 Assets:	
a Market value	2a 8986010
b Actuarial value	2b 8828857
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 63 (2) Vested Funding Target 4092214 (3) Total Funding Target 4092214
b For terminated vested participants	91 1999280 1999280
c For active participants	34 1432753 1432753
d Total	188 7524247 7524247
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 5.92%
6 Target normal cost	6

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

SIGN HERE	
Signature of actuary	05/20/2019
STEPHEN A. CATONE, ASA	Date
Type or print name of actuary	17-05357
KORN FERRY HAY GROUP, INC	Most recent enrollment number
Firm name	215-861-2333
1650 ARCH STREET, SUITE 2300 PHILADELPHIA, PA 19103-2029	Telephone number (including area code)
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1134041
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	1134041
10 Interest on line 9 using prior year's actual return of <u>8.98</u> %	0	101837
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>6.11</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		0
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	1235878

Part III Funding Percentages

14 Funding target attainment percentage	14	100.91%
15 Adjusted funding target attainment percentage	15	117.34%
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	105.74%
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
Totals ►			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required 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	0

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b
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	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO	B Three-digit plan number (PN) ▶	012
C Plan sponsor's name as shown on line 2a of Form 5500 AAA CLUB ALLIANCE INC	D Employer Identification Number (EIN) 23-0758010	

Part I	Service Provider Information (see instructions)
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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)

PRICEWATERHOUSECOOPERS LLP

2001 MARKET STREET
PHILADELPHIA, PA 19103

13-4008324

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

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

KORN FERRY HAY GROUP

1650 ARCH STREET, SUITE 2300
PHILADELPHIA, PA 19103

41-0858903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE		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.	

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO</u>	B Three-digit plan number (PN) <u>012</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AAA CLUB ALLIANCE INC</u>	D Employer Identification Number (EIN) <u>23-0758010</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO FEDERATED TOTAL RETURN</u>			
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>			
c EIN-PN <u>47-6378625-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>647153</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO BLACKROCK S&P 500 INDEX</u>			
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>			
c EIN-PN <u>52-2265235-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1076365</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO LAZARD INTERNATIONAL EQ</u>			
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>			
c EIN-PN <u>47-6378625-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>276205</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO BLACKROCK S&P MIDCAP</u>			
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>			
c EIN-PN <u>52-2265235-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>955374</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO CAUSEWAY INTL</u>			
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>			
c EIN-PN <u>47-6375784-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>276531</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO CORE BOND</u>			
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>			
c EIN-PN <u>94-3222878-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1292593</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO DODGE & COX INTD BOND</u>			
b Name of sponsor of entity listed in (a): <u>WELL FARGO</u>			
c EIN-PN <u>47-6566265-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>647144</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO MFS VALUE**

b Name of sponsor of entity listed in (a): **WELLS FARGO**

c EIN-PN 45-6648640-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 385865
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELL FARGO MULT-MANAGER SMALL CAP**

b Name of sponsor of entity listed in (a): **WELLS FARGO**

c EIN-PN 45-6648658-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 769575
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO T ROWE PRICE INST EQTY**

b Name of sponsor of entity listed in (a): **WELLS FARGO**

c EIN-PN 46-6588666-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 286770
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FRGO T ROWE PRICE INST LG**

b Name of sponsor of entity listed in (a): **WELL FARGO**

c EIN-PN 46-6648614-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 388728
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELL FARGO BLACK ROCK - INST FUND**

b Name of sponsor of entity listed in (a): **WELLS FARGO**

c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161546
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO VOYA LARGE CAP GROWTH**

b Name of sponsor of entity listed in (a): **WELL FARGE**

c EIN-PN 82-6249680-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297831
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>09/01/2017</u> and ending <u>08/31/2018</u>		
A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO</u>	B Three-digit plan number (PN) ►	<u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AAA CLUB ALLIANCE INC</u>	D Employer Identification Number (EIN) <u>23-0758010</u>	

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)	391	366
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	333512	
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(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)	6658754	7461681
(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)	1993353	1834445
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	8986010 9296492
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	8986010 9296492

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(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)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3806
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(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)	3806
(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)	45805
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	45805
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2394196
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2174144
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	220052
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	490056
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	490056

		(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)		
c Other income.....	2c		1448
d Total income. Add all income amounts in column (b) and enter total.....	2d		761167

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	450685	
(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)		450685
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)		
(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)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		450685

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		310482
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: PRICEWATERHOUSECOOPERS

(2) EIN: 13-3400832

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.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		X	

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

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
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 sections 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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO</u>	B Three-digit plan number (PN) ▶ <u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AAA CLUB ALLIANCE INC</u>	D Employer Identification Number (EIN) <u>23-0758010</u>

Part I	Distributions
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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
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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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2017
v. 170203

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): _____		

- 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

**Financial Statements and Supplemental Schedules
August 31, 2018 and 2017**

Retirement Plan for Employees of AAA Northwest Ohio

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* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of Retirement Plan for Employees of AAA Northwest Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Retirement Plan for Employees of AAA Northwest Ohio (the "Plan"), which comprise the statements of net assets available for benefits as of August 31, 2018 and 2017, and 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 the 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.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statements based on conducting the audit 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, the trustee of the Plan, and Wells Fargo Bank, N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Wells Fargo Bank, N.A. held the Plan's investment assets and executed investment transactions as of August 31, 2018 and for the year then ended and as of August 31, 2017 and for the period from January 20, 2017 to August 31, 2017, and that The Trust Company of Toledo held the Plan's investment assets and executed investment transactions as of August 31, 2016 and for the period from September 1, 2016 to January 31, 2017. The plan administrator has obtained a certification from the trustee and custodian as of August 31, 2018 and 2017 and for the years then ended, that the information provided to the plan administrator by the trustee and custodian 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 the financial statements.



Other Matter

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2018 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended August 31, 2018 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 and custodian, 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.

PricewaterhouseCoopers LLP

Philadelphia, Pennsylvania
June 14, 2019

Retirement Plan for Employees of AAA Northwest Ohio
Statements of Net Assets Available for Benefits
August 31, 2018 and 2017

	2018	2017
Assets		
Investments, at fair value (Note 3)	\$ 9,296,126	\$ 8,985,619
Receivables		
Accrued income	366	391
Net assets available for benefits	<u>\$ 9,296,492</u>	<u>\$ 8,986,010</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
Years Ended August 31, 2018 and 2017

	2018	2017
Additions		
Net appreciation in the fair value of investments	\$ 710,108	\$ 627,923
Interest	3,806	22,008
Dividends	45,805	121,725
Total investment income	759,719	771,656
Other miscellaneous income	1,448	-
Total additions	761,167	771,656
Deductions		
Benefits paid	450,685	387,200
Administrative expenses	-	15,328
Total deductions	450,685	402,528
Net increase	310,482	369,128
Net assets available for benefits		
Beginning of year	8,986,010	8,616,882
End of year	\$ 9,296,492	\$ 8,986,010

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

Retirement Plan for Employees of AAA Northwest Ohio

Notes to Financial Statements

August 31, 2018 and 2017

1. Description of Plan

The following brief description of the Retirement Plan for Employees of AAA Northwest Ohio (the "Plan") is provided for general information purposes only. Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the Plan Document and Summary Plan Description (SPD). Copies of the Plan Document and SPD pamphlet are available from the Pension Committee. Participants should refer to the Plan Document and SPD agreement for more complete information.

The Retirement Plan for Employees of Northwest Ohio (the Plan) is a defined benefit plan established for the principal purpose of providing the employees of AAA Northwest Ohio, Automobile Club Insurance Agency of Toledo, Inc., Northwest Ohio Auto Repair, LLC, and Northwest Ohio Towing, LLC, (collectively "AAA").

In August 2010 the Board of Trustees of AAA Northwest 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 the 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. On January 1, 2016 Allied merged with AAA Mid-Atlantic Inc. Under the merger agreement, Allied is no longer a separate entity and the new company was renamed AAA Club Alliance, Inc. ("ACA") or (the "Company" or "Plan sponsor"). These changes in the Plan sponsor have no direct impact on the operations of the Plan.

The Plan is administered by the Company's Pension Committee ("Committee"), which is a committee of the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Funding Policy

ACA 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 the Employee Retirement Income Security Act of 1974, as amended ("ERISA") for the 2018 and 2017 plan years.

Retirement Plan for Employees of AAA Northwest Ohio

Notes to Financial Statements

August 31, 2018 and 2017

Pension Benefits

Participants are entitled to monthly pension beginning at normal retirement (the later of attaining age 65 or the completion of 5 years of service in the Plan), in the 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 by the Plan agreement as the monthly average of the social security taxable wage bases in the 35 consecutive calendar years that end with the year 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 participants may be credited for employment at other AAA clubs under certain conditions.

The Plan provides for normal retirement benefits commencing at age 65, or reduced benefits at early retirement age (ages 60-64 with 5 years of service), and permits late retirement. If the present value of the 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, with certain limitations described 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 and Disability 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. If an active participant, prior to attaining age 65 and with a vested balance in the Plan, becomes totally and permanently disabled, a disability pension calculated in a manner similar to an early retirement pension is paid to the participant.

Plan Termination

In the event of termination of the Plan, all benefits accrued to the date of termination, to the extent then funded, will be nonforfeitable. Any remaining assets will be allocated in accordance with priorities as set forth in the Plan document. The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of nonforfeitable basic benefits subject to certain limitations prescribed by ERISA.

Administrative Expenses

The Company has the option of paying administrative expenses of the Plan or having the Plan pay them. Administrative fees of the Plan totaled \$14,778 and \$21,651 for the years ended December 31, 2018 and 2017, respectively, of which \$14,778 and \$6,323 were paid by the Company, respectively.

Vesting

A participant becomes fully vested after five years of service or attaining the early retirement age of 60. As a result of the frozen status of the Plan, participants are now fully vested.

Retirement Plan for Employees of AAA Northwest Ohio

Notes to Financial Statements

August 31, 2018 and 2017

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts of assets and liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as 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 (an exit price). The Plan's Pension Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, trustee, and custodian. See Note 5 for further discussion and disclosures related to fair value measurements.

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

New Accounting Standard

In August 2018, the FASB issued ASU 2018-13, "Changes to the Disclosure Requirements for Fair Value Measurements", which adds, modifies and removes several disclosure requirements related to fair value measurements. The guidance is effective for the Plan in the plan year 2021 and early adoption is permitted. Management is currently evaluating the effect that the standard will have on the Plan's financial statements.

Subsequent Events

Management evaluated subsequent events for the Plan through June 14, 2019, the date the financial statements were available to be issued.

Retirement Plan for Employees of AAA Northwest Ohio

Notes to Financial Statements

August 31, 2018 and 2017

3. Information Certified by Custodian and Trustee

The plan administrator has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A. ("Wells Fargo" or "current custodian") has certified the completeness and accuracy of the information reported in the accompanying statement of net assets available for benefits as of August 31, 2018 and 2017 and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2018.

	2018	2017
Mutual funds	\$ 1,834,445	\$ 1,993,353
Collective trusts	7,461,681	6,658,754
Interest bearing cash	-	333,512
Total investments, at fair value	<u>\$ 9,296,126</u>	<u>\$ 8,985,619</u>

The related investment income information reported in the statements of changes in net assets available for benefits for the year ended August 31, 2018 and for the period from January 20, 2017 to August 31, 2017 was certified by the current custodian. The supplemental Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended August 31, 2018 was also certified by the current custodian. The investment income information reported in the statements of changes in net assets for benefits for the period from September 1, 2016 through January 31, 2017 was certified by The Trust Company of Toledo ("Toledo" or "former trustee").

	2018	2017
Net appreciation in fair value of investments, Toledo	\$ -	\$ 16,581
Interest, Toledo	-	18,942
Dividends, Toledo	-	107,536
Net appreciation in fair value of investments, Wells Fargo	710,108	611,342
Interest, Wells Fargo	3,806	3,066
Dividends, Wells Fargo	45,805	14,189
Total investment income	<u>\$ 759,719</u>	<u>\$ 771,656</u>

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services rendered by the employees to the date the Plan was frozen. Accumulated plan benefits include benefits expected to be paid to (a) retired participants, (b) vested terminated participants, and (c) certain eligible beneficiaries as indicated in the Plan document. Benefits payable under all circumstances (retirement, death, and disability) are included, to the extent they are deemed attributable to employee service rendered to the date the Plan was frozen.

The Plan's independent actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and

Retirement Plan for Employees of AAA Northwest Ohio

Notes to Financial Statements

August 31, 2018 and 2017

the probability of payment (by means of decrements such as death or withdrawal) between the valuation date and the expected date of payment.

The accumulated plan benefit as of September 1, 2018 and September 1, 2017 is as follows:

	2018	2017
Vested benefits		
Participants currently receiving benefits	\$ 3,954,360	\$ 3,699,160
Other participants	2,720,391	2,858,827
Total vested benefits	6,674,751	6,557,987
Nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	\$ 6,674,751	\$ 6,557,987

The change in accumulated plan benefits is as follows:

	2018	2017
Actuarial present value of accumulated plan benefits at beginning of year	\$ 6,557,987	\$ 6,447,277
Increase (decrease) during the year attributed to		
Change in actuarial assumptions	(12,214)	(32,939)
Actuarial experience	106,123	63,033
Increase for interest due to the decrease in discount period	473,540	467,816
Benefits paid	(450,685)	(387,200)
Net increase	116,764	110,710
Total actuarial present value of accumulated plan benefits at end of year	\$ 6,674,751	\$ 6,557,987

Significant assumptions underlying the actuarial valuation are as follows:

	2018	2017
Discount rate	7.50 %	7.50 %
Mortality basis	RP-2014 Total Dataset Mortality adjusted backward to 2006 and projected with Scale MP-2018	RP-2014 Total Dataset Mortality adjusted backward to 2006 and projected with Scale MP-2017
Average retirement age	67	67

Retirement Plan for Employees of AAA Northwest Ohio

Notes to Financial Statements

August 31, 2018 and 2017

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuarial present value of accumulated plan benefits and change in accumulated plan benefits is presented as of August 31, 2018 and 2017, respectively. However, these disclosures use actuarial data as of September 1, 2018 and 2017, respectively. There is not a significant difference between the actuarial data as of August 31, 2018 and 2017 and September 1, 2018 and 2017, respectively.

5. Fair Value Measurements

Fair value is defined under ASC 820 as 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 i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in ASC 820 are described below:

- | | |
|---------|---|
| Level 1 | Unadjusted quoted prices in active markets that are accessible to the reporting entity |
| Level 2 | Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following: <ul style="list-style-type: none">• Quoted prices for similar assets and liabilities in active markets.• Quoted prices for identical or similar assets or liabilities in markets that are not active.• Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals).• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk). |

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in entirety.

Retirement Plan for Employees of AAA Northwest Ohio

Notes to Financial Statements

August 31, 2018 and 2017

The following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value.

Mutual Funds

Shares held in mutual funds 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.

Collective Trusts

Valued at NAV, as provided by the current custodian, which is used as the practical expedient to estimate fair value. The NAV is based on the fair value using the market price of the underlying securities and the value of the investment contract. If the Plan initiated a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay the withdrawal from the trust to ensure securities liquidations will be carried out in an orderly business manner. For all common collective trusts, there are no unfunded commitments with respect to these investments, however, they may be subject to redemption restrictions at the current custodian's discretion to the extent that it is determined such actions would disrupt management of the fund.

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 1.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value.

	Assets at Fair Value as of August 31, 2018			
	Level 1	Level 2	Level 3	Total
Description				
Mutual funds	\$ 1,834,445	\$ -	\$ -	\$ 1,834,445
Interest bearing cash	-	-	-	-
	<u>\$ 1,834,445</u>	<u>\$ -</u>	<u>\$ -</u>	<u>1,834,445</u>
Collective trusts (a)				<u>7,461,681</u>
Total assets at fair value				<u>\$ 9,296,126</u>

	Assets at Fair Value as of August 31, 2017			
	Level 1	Level 2	Level 3	Total
Description				
Mutual funds	\$ 1,993,353	\$ -	\$ -	\$ 1,993,353
Interest bearing cash	333,512	-	-	333,512
	<u>\$ 2,326,865</u>	<u>\$ -</u>	<u>\$ -</u>	<u>2,326,865</u>
Collective trusts (a)				<u>6,658,754</u>
Total assets at fair value				<u>\$ 8,985,619</u>

Retirement Plan for Employees of AAA Northwest Ohio

Notes to Financial Statements

August 31, 2018 and 2017

- (a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the NAV per unit (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The Plan did not have any assets or liabilities measured at fair value on a nonrecurring basis as of August 31, 2018 and 2017. There were no transfers between levels during 2018. There were no changes in the methodologies from August 31, 2017 to August 31, 2018.

Fair Value of Investment that are measured at NAV

The following table summarizes an investment measured at fair value based on NAV per share as of August 31, 2018 and 2017, respectively.

Assets at Fair Value as of August 31, 2018				
Strategy	Fair Value	Remaining Life	Redemption Terms	Redemption Notice Period
Equity Large-Cap Blend	\$ 1,076,365	N/A	Daily	N/A
Equity Medium-Cap Blend	955,374	N/A	Daily	N/A
Equity Large-Cap Growth	686,560	N/A	Daily	N/A
Equity Large-Cap Value	672,635	N/A	Daily	N/A
Equity Small-Cap Blend	769,575	N/A	Daily	N/A
International Equity Large-Cap Blend	276,205	N/A	Daily	N/A
International Equity Large-Cap Value	276,531	N/A	Daily	N/A
Investment Grade Fixed-Income, Moderate Returns	2,586,890	N/A	Daily	N/A
Investment Grade Fixed-Income, Low Returns	161,546	N/A	Daily	N/A
	<u>\$ 7,461,681</u>			

Assets at Fair Value as of August 31, 2017				
Strategy	Fair Value	Remaining Life	Redemption Terms	Redemption Notice Period
Equity Large-Cap Blend	\$ 989,612	N/A	Daily	N/A
Equity Medium-Cap Blend	802,091	N/A	Daily	N/A
Equity Large-Cap Growth	637,246	N/A	Daily	N/A
Equity Large-Cap Value	534,061	N/A	Daily	N/A
Equity Small-Cap Blend	626,048	N/A	Daily	N/A
International Equity Large-Cap Blend	447,748	N/A	Daily	N/A
International Equity Large-Cap Value	356,689	N/A	Daily	N/A
Investment Grade Fixed-Income, Moderate Returns	2,265,259	N/A	Daily	N/A
	<u>\$ 6,658,754</u>			

6. Tax Status

The Internal Revenue Service has determined and informed ACA 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 the Plan is qualified and the related trust is tax exempt.

Retirement Plan for Employees of AAA Northwest Ohio

Notes to Financial Statements

August 31, 2018 and 2017

GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of August 31, 2018, there are no uncertain positions taken or expected to be taken. The Plan has no recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits taken by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could occur in the near term and that those changes could affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

8. Related-Party and Party-in-Interest Transactions

Prior to January 2017, the Plan's investments were managed by The Trust Company of Toledo, the former trustee. Subsequent to January 2017, the Plan's investments are managed by Wells Fargo Bank, N.A. Fees paid by the Plan to parties-in-interest for custodial and trustee services amounted to \$0 and \$15,328 in 2018 and 2017, respectively. Fees paid by the Plan for investment management services are included as an increase in the net depreciation or a reduction of net appreciation in fair value of investments. Beginning in January 2017, the Plan's benefit payment services were handled by The Vanguard Group, Inc. ("Vanguard"). These transactions qualify as party-in-interest transactions, but are exempt from the prohibited transaction rules.

9. Plan Termination

ACA 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.

Retirement Plan for Employees of AAA Northwest Ohio

Notes to Financial Statements

August 31, 2018 and 2017

- 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 nonvested benefits.

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.

Supplemental Schedules

Retirement Plan for Employees of AAA Northwest Ohio
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
August 31, 2018

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party			Cost	Current Value
Acadian Emerging Markets Portfolio Class I #1960 Alps/Corecommodity Management Complete Commodityessm Strategy Fund American Funds EuroPacific Growth Fund Class R6 #2616 Metropolitan West Total Return Bond Fund Class I #512 Oppenheimer Developing Markets Fund Class I #799 * Vanguard Reit Index Fund- Institutional Shares #3123		Mutual fund, 11,350 shares Mutual fund, 17,277 shares Mutual fund, 6,876 shares Mutual fund, 62,264 shares Mutual fund, 5,394 shares Mutual fund, 12,910 shares	\$ 223,584 132,014 385,407 655,771 203,818 232,537	\$ 224,613 133,547 366,850 647,546 223,950 237,939
Total mutual funds			<u>1,833,131</u>	<u>1,834,445</u>
* Wells Fargo/Blackrock S&P 500 Index Cit F * Wells Fargo/Blackrock Short-Term Investment Fund F * Wells Fargo/Causeway International Value Cit F * Wells Fargo/Dodge & Cox Intermediate Bond Cit F * Wells Fargo/Lazard International Equity Cit F * Wf Core Bond Cit F * Wf/Blackrock S&P Midcap Index Cit F * Wf/Federated Total Return Bond Cit F * Wf/Mfs Value Cit F * Wf/Multi-Manager Small Cap Cit F * Wf/Trowe Price Inst Eq Inc Mgd Cit F * Wf/Trowe Price Inst Lcg Mgd Cit F * Wf/Voya Large Cap Growth Cit F		Collective trusts, 45,625 shares Collective trusts, 161,546 shares Collective trusts, 20,793 shares Collective trusts, 58,982shares Collective trusts, 24,804 shares Collective trusts, 116,267 shares Collective trusts, 41,982 shares Collective trusts, 59,891 shares Collective trusts, 16,731 shares Collective trusts, 29,994 shares Collective trusts, 17,659 shares Collective trusts, 11,895 shares Collective trusts, 23,427 shares	835,188 161,546 244,651 630,641 241,980 1,264,463 777,347 628,283 341,738 602,308 237,462 245,025 234,201	1,076,365 161,546 276,531 647,144 276,205 1,292,593 955,374 647,153 385,865 769,575 286,770 388,728 297,832
Total collective trusts			<u>6,444,833</u>	<u>7,461,681</u>
Total investments			<u>\$ 8,277,964</u>	<u>\$ 9,296,126</u>

* A party-in-interest as defined by ERISA

Information has been certified as complete and accurate by Wells Fargo Bank, N.A., the Plan Custodian.

Retirement Plan for Employees of AAA Northwest Ohio
Schedule H, Line 4j – Schedule of Reportable Transactions**
Year Ended August 31, 2018

(a)	(b)	(c)	(d)	(e)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of Transactions							
*Well Fargo Blackrock - Short Term Investment Fund	Common/collective funds	40	\$ 425,651	\$ -	\$ 425,651	\$ 425,651	\$ -
*Well Fargo Blackrock - Short Term Investment Fund	Common/collective funds	16	-	597,617	597,617	597,617	-

* A party-in-interest as defined by ERISA

** Transactions or a series of transactions in excess of 5% of the beginning current value of the Plan's assets as defined in 29 CFR Section 2520.103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Column for "Lease Rental" and "Expenses" are not applicable.

Information has been certified as complete and accurate by Wells Fargo Bank, N.A., the Plan Custodian.

Actuarial Assumptions and Methods

Funding Assumptions and Methods

Funding Interest Rates

	2017/18		2016/17	
	24-month Average*	Constrained Rates**	24-month Average*	Constrained Rates**
Segment Rate 1	1.75%	4.16%	1.52%	4.43%
Segment Rate 2	3.76%	5.72%	3.80%	5.91%
Segment Rate 3	4.66%	6.48%	4.79%	6.65%
Effective Rate (EIR)	4.08%	5.92%	4.16%	6.11%

*Used for maximum deductible contributions and 4010 reporting determination (if applicable)

**Used for minimum funding and AFTAP purposes

PBGC Premium Funding Target Interest Rates

	2017/18	2016/17
Interest Rate Method	Alternative	Alternative
Segment Rate 1	1.75%	1.52%
Segment Rate 2	3.76%	3.80%
Segment Rate 3	4.66%	4.79%
Effective Rate (EIR)	4.08%	4.16%

Mortality

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with combined mortality rates for annuitants and non-annuitants (SP).

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

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.

Rates of Disability

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

Spouses

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no 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.

ASC 960/715: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.

Cost Method

Unit Credit method in accordance with PPA

Summary of Plan Provisions

Type of Plan

The plan is a non-contributory, defined benefit plan.

Effective Date

September 28, 1960; amended and restated effective September 1, 2011.

Eligibility Requirements

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. Effective in 2011, new hires are not eligible to enter the Plan.

Employee Contributions

None.

Plan Compensation

The sum of the highest five consecutive Annual Compensation amounts divided by 60. This amount was frozen effective December 31, 2010.

Grandfathered Group

Participants who are at least age 50 and have at least 10 Years of Credited Service as of January 1, 2011, (known as the grandfathered group) may earn up to 5 additional Years of Credited Service (or until date of termination, whichever is earlier).

Normal Retirement Date

First day of the month coincident with or next following the 65th birthday or 5 years of Continuous Service.

Normal Retirement Pension (life annuity with 120 payments guaranteed basis)

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 the Years of Credited Service up to 35 years. This amount was frozen effective December 31, 2010 for those participants not in the grandfathered group.

Early Retirement Pension

The first day of any month after the Participant has attained age 60. The Accrued Benefit either deferred to NRD or commencing prior thereto but reduced by 1/156th for the first 36 months and by 1/288th for each of the next 24 months by which early retirement precedes NRD.

Late Retirement Pension

Late retirement is permitted. Benefit is calculated as if late retirement date were NRD.

Death Benefit Prior to Retirement

No benefit is payable if death occurs prior to becoming vested. If a Member is married for at least one year on the date of death and dies after becoming vested, the surviving spouse will receive a benefit for life commencing from the earliest date the Member could have retired, equal to the amount which would have been payable if the Member had terminated on the day prior to death, survived to the earliest possible retirement date and retired under a qualified joint and 50% survivor option.

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

Death Benefit After Retirement

Depends on form of benefit payment selected at retirement.

Vesting

After 5 years of service, a Vested Benefit is payable commencing on Normal Retirement Date equal to 100% of the accrued Normal Retirement Pension. A reduced Early Retirement Pension may be elected to commence at any time following the early retirement eligibility provisions.

Normal Form of Pension

Married Member - joint and 50% to spouse (actuarial equivalent to 120-month guaranteed annuity). Unmarried Member – life with 120 payments guaranteed.

II. Changes in Plan Provisions Since Prior Valuation

There were no changes in plan provisions since the previous valuation.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

► **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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">012</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	012		
B Three-digit plan number (PN) ►	012				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AAA CLUB ALLIANCE	D Employer Identification Number (EIN) 23-0758010				

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>9</u> Day <u>1</u> Year <u>2017</u>																							
2 Assets: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:70%;">a Market value.....</td> <td style="width:10%; text-align: center;">2a</td> <td style="width:20%; text-align: right;">8,986,010</td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">8,828,857</td> </tr> </table>				a Market value.....	2a	8,986,010	b Actuarial value	2b	8,828,857														
a Market value.....	2a	8,986,010																					
b Actuarial value	2b	8,828,857																					
3 Funding target/participant count breakdown <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width:55%;"></th> <th style="width:15%; text-align: center;">(1) Number of participants</th> <th style="width:20%; text-align: center;">(2) Vested Funding Target</th> <th style="width:10%; text-align: center;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment</td> <td style="text-align: center;">63</td> <td style="text-align: right;">4,092,214</td> <td style="text-align: right;">4,092,214</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">91</td> <td style="text-align: right;">1,999,280</td> <td style="text-align: right;">1,999,280</td> </tr> <tr> <td>c For active participants</td> <td style="text-align: center;">34</td> <td style="text-align: right;">1,432,753</td> <td style="text-align: right;">1,432,753</td> </tr> <tr> <td>d Total</td> <td style="text-align: center;">188</td> <td style="text-align: right;">7,524,247</td> <td style="text-align: right;">7,524,247</td> </tr> </table>					(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment	63	4,092,214	4,092,214	b For terminated vested participants	91	1,999,280	1,999,280	c For active participants	34	1,432,753	1,432,753	d Total	188	7,524,247	7,524,247
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c For active participants	34	1,432,753	1,432,753																				
d Total	188	7,524,247	7,524,247																				
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐ <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width:10%; text-align: center;">4a</td> <td style="width:20%;"></td> </tr> <tr> <td>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</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>				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															
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5 Effective interest rate.....		5	5.92 %																				
6 Target normal cost		6	0																				

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	<u>5/28/19</u> Date 17-05357 Most recent enrollment number (215) 861-2333 Telephone number (including area code)
STEPHEN A. CATONE, ASA Type or print name of actuary KORN FERRY HAY GROUP, INC Firm name 1650 ARCH STREET, SUITE 2300 PHILADELPHIA PA 19103-2029 Address of the firm		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2017
v. 170203

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	1,134,041
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	1,134,041
10	Interest on line 9 using prior year's actual return of <u>8.98</u> %	0	101837
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>6.11</u> %		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
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	1235878

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.91%
15	Adjusted funding target attainment percentage	15	117.34%
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	105.74%
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
Totals ▶			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required 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	0

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
			☐ 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	0
b Excess assets, if applicable, but not greater than line 31a		31b	0
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	0
38 Present value of excess contributions for current year (see instructions):			
a Total (excess, if any, of line 37 over line 36)		38a	0
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	
43 Excess installment acceleration amount to be carried over to future plan years		43	

Summary of Plan Provisions

Type of Plan

The plan is a non-contributory, defined benefit plan.

Effective Date

September 28, 1960; amended and restated effective September 1, 2011.

Eligibility Requirements

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. Effective in 2011, new hires are not eligible to enter the Plan.

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None.

Plan Compensation

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Grandfathered Group

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Normal Retirement Date

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Normal Retirement Pension (life annuity with 120 payments guaranteed basis)

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The first day of any month after the Participant has attained age 60. The Accrued Benefit either deferred to NRD or commencing prior thereto but reduced by $1/156^{\text{th}}$ for the first 36 months and by $1/288^{\text{th}}$ for each of the next 24 months by which early retirement precedes NRD.

Late Retirement Pension

Late retirement is permitted. Benefit is calculated as if late retirement date were NRD.

Death Benefit Prior to Retirement

No benefit is payable if death occurs prior to becoming vested. If a Member is married for at least one year on the date of death and dies after becoming vested, the surviving spouse will receive a benefit for life commencing from the earliest date the Member could have retired, equal to the amount which would have been payable if the Member had terminated on the day prior to death, survived to the earliest possible retirement date and retired under a qualified joint and 50% survivor option.

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Death Benefit After Retirement

Depends on form of benefit payment selected at retirement.

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After 5 years of service, a Vested Benefit is payable commencing on Normal Retirement Date equal to 100% of the accrued Normal Retirement Pension. A reduced Early Retirement Pension may be elected to commence at any time following the early retirement eligibility provisions.

Normal Form of Pension

Married Member - joint and 50% to spouse (actuarial equivalent to 120-month guaranteed annuity). Unmarried Member – life with 120 payments guaranteed.

II. Changes in Plan Provisions Since Prior Valuation

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Actuarial Assumptions and Methods

Funding Assumptions and Methods

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Rates of Retirement

<u>Age</u>	<u>Rate</u>
60	5.00%
61	5.00
62	20.00
63	15.00
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ASC 960/715: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.

Cost Method

Unit Credit method in accordance with PPA

Shortfall Amortization Charges for 2017/18

This schedule shows development of the Shortfall Amortization Charge (SAC), which is the Funding Shortfall (FS) amortized over a period of seven years.

To determine the Plan Funding Percentage for the Shortfall Amortization Base Exemption, plan assets are reduced by the Prefunding Balance, as shown below.

(Assets – Prefunding Balance)/Funding Target

=

$$(8,828,857 - 1,235,878) / (7,524,247) = 100.91\%$$

Since the funding percentage of 100.91% is greater than (or equal to) 100% for plan year 2017/18, no SAC is needed for 2017/18.

Amortization Schedule

	<u>Date Established</u>	<u>Original Amount</u>	<u>Amortization Payment</u>
a) Funding Shortfall as of 9/1/2017	September 1, 2017	<u>N/A</u>	<u>N/A</u>
Total		N/A	N/A

Shortfall Amortization Charges for 2017/18

This schedule shows development of the Shortfall Amortization Charge (SAC), which is the Funding Shortfall (FS) amortized over a period of seven years.

To determine the Plan Funding Percentage for the Shortfall Amortization Base Exemption, plan assets are reduced by the Prefunding Balance, as shown below.

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$$=$$

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Amortization Schedule

	<i><u>Date Established</u></i>	<i><u>Original Amount</u></i>	<i><u>Amortization Payment</u></i>
a) Funding Shortfall as of 9/1/2017	September 1, 2017	<u>N/A</u>	<u>N/A</u>
Total		N/A	N/A

Retirement Plan for Employees of AAA Northwest Ohio
Schedule H, Line 4j – Schedule of Reportable Transactions**
Year Ended August 31, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Number of Transactions	(d) Purchase Price	(e) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions							
*Well Fargo Blackrock - Short Term Investment Fund	Common/collective funds	40	\$ 425,651	\$ -	\$ 425,651	\$ 425,651	\$ -
*Well Fargo Blackrock - Short Term Investment Fund	Common/collective funds	16	-	597,617	597,617	597,617	-

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** Transactions or a series of transactions in excess of 5% of the beginning current value of the Plan's assets as defined in 29 CFR Section 2520.103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Column for "Lease Rental" and "Expenses" are not applicable.

Information has been certified as complete and accurate by Wells Fargo Bank, N.A., the Plan Custodian.

Retirement Plan for Employees of AAA Northwest Ohio
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
August 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Acadian Emerging Markets Portfolio Class I #1960	Mutual fund, 11,350 shares	\$ 223,584	\$ 224,613
	Alps/Corecommodity Management Complete Commodityessm Strategy Fund	Mutual fund, 17,277 shares	132,014	133,547
	American Funds EuroPacific Growth Fund Class R6 #2816	Mutual fund, 6,876 shares	385,407	366,850
	Metropolitan West Total Return Bond Fund Class I #512	Mutual fund, 62,264 shares	655,771	647,546
	Oppenheimer Developing Markets Fund Class I #799	Mutual fund, 5,394 shares	203,818	223,950
	* Vanguard Reit Index Fund- Institutional Shares #3123	Mutual fund, 12,910 shares	232,537	237,939
	Total mutual funds		1,833,131	1,834,445
	* Wells Fargo/Blackrock S&P 500 Index Cit F	Collective trusts, 45,625 shares	835,188	1,076,365
	* Wells Fargo/Blackrock Short-Term Investment Fund F	Collective trusts, 161,546 shares	161,546	161,546
	* Wells Fargo/Causeway International Value Cit F	Collective trusts, 20,793 shares	244,651	276,531
	* Wells Fargo/Dodge & Cox Intermediate Bond Cit F	Collective trusts, 58,982 shares	630,641	647,144
	* Wells Fargo/Lazard International Equity Cit F	Collective trusts, 24,804 shares	241,980	276,205
	* Wf Core Bond Cit F	Collective trusts, 116,267 shares	1,264,463	1,292,593
	* Wf/Blackrock S&P Midcap Index Cit F	Collective trusts, 41,982 shares	777,347	955,374
	* Wf/Federated Total Return Bond Cit F	Collective trusts, 59,891 shares	628,283	647,153
	* Wf/Mfs Value Cit F	Collective trusts, 16,731 shares	341,738	385,865
	* Wf/Multi-Manager Small Cap Cit F	Collective trusts, 29,994 shares	602,308	769,575
	* Wf/Trowe Price Inst Eq Inc Mgd Cit F	Collective trusts, 17,659 shares	237,462	286,770
	* Wf/Trowe Price Inst Lcg Mgd Cit F	Collective trusts, 11,895 shares	245,025	388,728
	* Wf/Voya Large Cap Growth Cit F	Collective trusts, 23,427 shares	234,201	297,832
	Total collective trusts		6,444,833	7,461,681
	Total investments		\$ 8,277,964	\$ 9,296,126

* A party-in-interest as defined by ERISA

Information has been certified as complete and accurate by Wells Fargo Bank, N.A., the Plan Custodian.