

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;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>09/01/2018</u> and ending <u>08/31/2019</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>012</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/28/1960</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>012</u>	1c Effective date of plan <u>09/28/1960</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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>CORPORATE TAX DEPARTMENT</u> <u>1 RIVER PLANCE</u> <u>WILMINGTON, DE 19801</u> </div> <div style="width: 45%;"> <u>CORPORATE TAX DEPARTMENT</u> <u>1 RIVER PLANCE</u> <u>WILMINGTON, DE 19801</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-0758010</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>302-299-4355</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>488990</u></td> </tr> </table>	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>	
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.	06/15/2020	DEBRA MAHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2020	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 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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	5 187
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 29 6a(2) 26 6b 64 6c 90 6d 180 6e 6 6f 186 6g 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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>2018</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2018 or fiscal plan year beginning 09/01/2018 and ending 08/31/2019	
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

Part I	Basic Information			
1	Enter the valuation date: Month 09 Day 01 Year 2018			
2	Assets:			
a	Market value	2a	9296492	
b	Actuarial value	2b	9097833	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	67	4442344	4442344
b	For terminated vested participants	91	2101598	2101598
c	For active participants	29	1258566	1258566
d	Total	187	7802508	7802508
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	5.72 %	
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		
STEPHEN A. CATONE, ASA	Signature of actuary	06/08/2020
KORN FERRY, INC	Type or print name of actuary	Date
1650 ARCH STREET SUITE 2300 PHILADELPHIA, PA 19103	Firm name	20-05357
	Address of the firm	Most recent enrollment number
		215-861-2333
		Telephone number (including area code)

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	1235878
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	
9 Amount remaining (line 7 minus line 8)	0	1235878
10 Interest on line 9 using prior year's actual return of <u>8.69</u> %	0	107398
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>5.92</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
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1343276

Part III Funding Percentages

14 Funding target attainment percentage	14	99.38%
15 Adjusted funding target attainment percentage	15	116.60%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.91%
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
01/09/2020	800000				
Totals ▶			18(b)	800000	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	741782

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: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ 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)	Prior regulation:	☒ Prescribed - combined	☐ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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	47951		7828
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	7828	
	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	7828	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	741782	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	733954	
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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 09/01/2018 and ending 08/31/2019		
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)

TORRILLO & ASSOCIATES, LLC

36 REGENCY PLAZZA
GLEN MILLS, PA 19342

83-0414789

(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			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			Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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:	PRICEWATERHOUSECOOPERS LLP	b EIN:	13-4008324
c Position:			
d Address:	2001 MARKET STREET PHILADELPHIA, PA 19103	e Telephone:	267-330-3000

Explanation: MUTUAL DECISION BETWEEN PLAN SPONSOR AND CPA FIRM THAT PLAN WOULD BE BEST SERVICED BY SEEKING A LOCAL REGIONAL FIRM

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning **09/01/2018** and ending **08/31/2019**

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

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: WF BLACKROCK SHORT-TERM INVEST 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) 160705
a Name of MTIA, CCT, PSA, or 103-12 IE: WF LIAB DRIVEN SOLUTION CIT I		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 30-6225619-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1727048
a Name of MTIA, CCT, PSA, or 103-12 IE: WF LIAB DRIVEN SOLUTION CIT II		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 80-6049172-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5023900
a Name of MTIA, CCT, PSA, or 103-12 IE: WF LIAB DRIVEN SOLUTION CIT III		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 46-7074916-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49987
a Name of MTIA, CCT, PSA, or 103-12 IE: WF BLACKROCK INTNAL EQUITY INDEX		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 52-2265229-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 607175
a Name of MTIA, CCT, PSA, or 103-12 IE: WF BLACKROCK RUSSELL 2000 INDEX		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 94-3224211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308653
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO BLACKROCK S&P 500 INDEX		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 94-3224211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1073735

a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO BLACKROCK S&P MIDCAP****b** Name of sponsor of entity listed in (a): **WELLS FARGO**

c EIN-PN 52-2265235-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 463006
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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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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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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
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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**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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 09/01/2018 and ending 08/31/2019		
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	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		800000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	366	337
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(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)	7461681	9414209
	(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)	1834445	612131
	(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	9296492 10826677
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	9296492 10826677

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)	800000
	(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)	800000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4096
	(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)	4096
(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)	13825
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	13825
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10572013
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9834975
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	737038
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	446423
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	446423

		(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		584
d Total income. Add all income amounts in column (b) and enter total	2d		2001966

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	471781	
(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)		471781
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		471781

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1530185
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: **TORRILLO & ASSOCIATES LLC**

(2) EIN: **83-0414789**

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 4205599. (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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 09/01/2018 and ending 08/31/2019

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) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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
As of and for the Years Ended
August 31, 2019 and 2018
And
Supplemental Schedules
As of and for the Year Ended
August 31, 2019**

Retirement Plan for Employees of AAA Northwest Ohio

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- The supplemental schedules included are presented for purposes of additional analysis and are not a required part of the financial statements but are required by the Employee Retirement Income Security Act of 1974 ("ERISA"). Other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

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

Report on the 2019 Financial Statements

We were engaged to audit the accompanying 2019 financial statements of the Retirement Plan for Employees of AAA Northwest Ohio (the "Plan"), which comprise the statement of net assets available for benefits as of August 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility on the 2019 Financial Statements

Our responsibility is to express an opinion on the 2019 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 on the 2019 Financial Statements* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements.

Basis for Disclaimer of Opinion on the 2019 Financial Statements

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 Wells Fargo Bank, N.A., the custodian of the Plan, except for comparing the information with the related information included in the 2019 financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended August 31, 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion on the 2019 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2019 Financial Statements* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

The supplemental Schedule H, Line 4(i), Schedule of Assets (Held at End of Year) as of August 31, 2019 and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended August 31, 2019 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 on the 2019 Financial Statements* paragraph, we do not express an opinion on the supplemental schedules referred to above.

Other Matter – 2018 Financial Statements

The financial statements of the Plan as of and for the year ended August 31, 2018, were audited by predecessor auditors. 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 the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by The Trust Company of Toledo, the trustee of the Plan, and Wells Fargo Bank, N.A., the custodian of the Plan. Their report, dated June 14, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee and custodian, were 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.

Report on Form and Content in Compliance with DOL Rules and Regulations 2019

The form and content of the information included in the 2019 financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Touiller & Associates, LLP

June 12, 2020

Retirement Plan for Employees of AAA Northwest Ohio
Statements of Net Assets Available for Benefits
As of August 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets:		
Investments, at fair value	\$ 10,026,340	\$ 9,296,126
Receivables		
Contributions receivable	800,000	-
Accrued income	337	366
Total receivables	<u>800,337</u>	<u>366</u>
Total assets	<u>10,826,677</u>	<u>9,296,492</u>
Net assets available for benefits	<u>\$ 10,826,677</u>	<u>\$ 9,296,492</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
For the Years Ended August 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions:		
Additions to net assets attributed to:		
Investment income		
Interest	\$ 4,096	\$ 3,806
Dividends	13,825	45,805
Net appreciation in fair value of investments	1,183,461	710,108
Other income	584	1,448
Investment income	<u>1,201,966</u>	<u>761,167</u>
Employer contributions	<u>800,000</u>	<u>-</u>
Total additions	2,001,966	761,167
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	<u>471,781</u>	<u>450,685</u>
Total deductions	<u>471,781</u>	<u>450,685</u>
Net increase	1,530,185	310,482
Net assets available for benefits		
Beginning of year	<u>9,296,492</u>	<u>8,986,010</u>
End of year	<u>\$ 10,826,677</u>	<u>\$ 9,296,492</u>

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

Retirement Plan for Employees of AAA Northwest Ohio
Notes to Financial Statements
As of and for the Years Ended August 31, 2019 and 2018

1. Description of Plan

The following description of the Retirement Plan for Employees of AAA Northwest Ohio (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. Copies of the Plan document and Summary Plan Description are available from the Plan administrator or Pension Committee.

General

The Plan is a noncontributory defined benefit pension plan established September 28, 1960. The Plan was amended and restated effective September 1, 2011. The Plan covers employees of AAA Northwest Ohio, Automobile Club Insurance Agency of Toledo, Inc., Northwest Ohio Auto Repair, LLC, and Northwest Ohio Towing, LLC, (collectively “AAA”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

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 will be calculated as if the participant was terminated as of December 31, 2010 and in no event will a participant accrue additional years of credited service after August 31, 2015. 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 was the surviving entity and AAA was no longer a separate entity. On January 1, 2016, Allied merged with AAA Mid-Atlantic Inc. Under the merger agreement, Allied was no longer a separate entity and the new company was renamed AAA Club Alliance, Inc. (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 directors.

Funding Policy

The Company 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 plus an amount at least sufficient to amortize the unfunded actuarial liability and to satisfy minimum funding standards. The Plan has met the minimum funding requirements of ERISA for the 2019 and 2018 plan years.

Vesting

Participants become 100% vested upon completion of five years of credited service, as defined. If a participant terminates before completing five years of service, the right to receive accumulated benefits is forfeited, unless the participant has reached the early retirement age of 60 or termination of employment is attributable to death or disability. As a result of the Plan being frozen, participants are now fully vested.

Retirement Benefits

Participants are entitled to monthly pension payments 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 document as the monthly average of the highest 5 consecutive annual compensation amounts. Covered compensation is defined by the Plan document 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

Retirement Plan for Employees of AAA Northwest Ohio
Notes to Financial Statements
As of and for the Years Ended August 31, 2019 and 2018

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 distribution without the participant's consent.

At retirement, participants chose from a number of life annuity options or installment payments, with certain limitations described in the Plan document. If no election is made the normal retirement benefit is a life annuity for a single participant and a 50% joint and survivor annuity for a married participant. Under the life annuity, if a retired 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 restrictions

Death and Disability Benefits

Unless otherwise elected, 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.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

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 reported amounts of assets, 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

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

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

In 2019 and 2018, certain investment related expenses are included in net appreciation in fair value of investments presented in the statements of changes in net assets available for benefits. Other administrative expenses of the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified to conform to the current year presentation.

Retirement Plan for Employees of AAA Northwest Ohio
Notes to Financial Statements
As of and for the Years Ended August 31, 2019 and 2018

Recently Issued Accounting Guidance

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update 2018-13, Fair Value Measurement (Topic 820), Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement (“ASU 2018-13”). ASU 2018-13 was issued as part of a disclosure framework project to improve the effectiveness of disclosures in the notes to the financial statements. ASU 2018-13 removes, adds and modifies certain disclosure requirements from Topic 820, however, the added disclosures are not required for nonpublic entities. ASU 2018-13 is effective for all entities for fiscal years beginning after December 15, 2019. Certain amendments are to be applied prospectively while others are to be applied retrospectively. Early adoption is permitted. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan early adopted ASU 2018-13 on September 1, 2018, which did not have a material effect on the Plan’s financial statements.

3. Financial Information Certified by Custodian (Unaudited)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information included in the accompanying financial statements and supplemental schedules were certified by Wells Fargo Bank, N.A., the custodian, as complete and accurate:

- Investments, at fair value, and accrued income as shown in the statements of net assets available for benefits at August 31, 2019 and 2018.
- Interest, dividends, net appreciation in fair value of investments, and other income as shown in the statements of changes in net assets available for benefits for the years ended August 31, 2019 and 2018.
- The information for all registered investment companies (mutual funds) and collective investment trusts listed in the schedule of assets (held at end of year) at August 31, 2019 and the schedule of reportable transactions for the year ended August 31, 2019, as shown in the supplemental schedules.

4. Fair Value Measurements

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset’s or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Retirement Plan for Employees of AAA Northwest Ohio
Notes to Financial Statements
As of and for the Years Ended August 31, 2019 and 2018

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at August 31, 2019 and 2018.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The NAV is based on the value of the underlying assets owned by each fund, less its liabilities divided by the number of shares outstanding. The mutual funds held by the Plan are deemed to be actively traded.

Collective investment trusts: Valued at the NAV of units held. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the collective investment trust less its liabilities. This practical expedient is not used when it is determined to be probable that the collective investment trust will sell the investment for an amount different than the reported NAV.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2019:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments, at fair value:				
Mutual funds	\$ 612,131	\$ 612,131	\$ -	\$ -
Collective investment trusts(*)	9,414,209	-	-	-
Total	<u>\$ 10,026,340</u>	<u>\$ 612,131</u>	<u>\$ -</u>	<u>\$ -</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2018:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments, at fair value:				
Mutual funds	\$ 1,834,445	\$ 1,834,445	\$ -	\$ -
Collective investment trusts(*)	7,461,681	-	-	-
Total	<u>\$ 9,296,126</u>	<u>\$ 1,834,445</u>	<u>\$ -</u>	<u>\$ -</u>

*In accordance with fair value measurement guidance, certain investments that are measured at fair value using the net asset value per share (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 as investments in the statements of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Retirement Plan for Employees of AAA Northwest Ohio
Notes to Financial Statements
As of and for the Years Ended August 31, 2019 and 2018

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the periods ended August 31, 2019 and August 31, 2018, there were no transfers in or out of levels 1, 2, or 3.

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of August 31, 2019 and 2018.

<u>Investment Type</u>	<u>Fair Value, as of August 31</u>		<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
	<u>2019</u>	<u>2018</u>	<u>Commitments</u>	<u>Frequency</u>	<u>Notice Period</u>
Collective investment trusts	\$ 9,414,209	\$ 7,461,681	\$ -	Daily	Daily

The Plan invests in collective investment trusts that invest in short-term investments, fixed income securities and equity securities. The objective of the collective investment trusts invested in short-term investments is to preserve principal while maximizing current income on cash reserves to the extent consistent with principal preservation and maintenance of liquidity. The objective of the collective investment trusts invested in fixed income is to provide investment results that approximate the overall performance of certain bond indices, and to provide a predictable rate of return while preserving the safety of capital and minimizing market risk. The objective of the collective investment trusts invested in equity investments is to approximate the overall performance of certain domestic, international and emerging market indices. These collective investment trusts are redeemable at net asset value under agreements with the underlying funds. However, it is possible that these redemption rights may be restricted by the collective investment trusts in the future in accordance with underlying fund agreements. Due to the nature of the investments held by the collective investment trusts, changes in market conditions and the economic environment may significantly impact the net asset value of the collective investment trusts, and consequently, the fair value of the Plan's interest in the collective investment trusts. Furthermore, changes in the liquidity provisions of the collective investment trusts may significantly impact the fair value of the Plan's interest in the collective investment trusts.

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of service on the date the benefit information is presented (the valuation date). Benefits payable under all circumstances (e.g. retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

As described in Note 1, and further detailed in the Plan document, the Plan was frozen effective December 31, 2010. As a result, no new participants have been allowed to enter the Plan after December 31, 2010; compensation has been calculated as if the participant had been terminated as of December 31, 2010; and no more credited service has accrued for participants after December 31, 2010, except for certain grandfathered participants who had credited service cease no later than August 31, 2015. The present value of a participant's accrued benefit as of the valuation date assumes the participant will earn no more credited service and will receive no future salary.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Retirement Plan for Employees of AAA Northwest Ohio
Notes to Financial Statements
As of and for the Years Ended August 31, 2019 and 2018

The actuarial present value of accumulated plan benefits as of September 1, 2019 and 2018 is as follows:

	2019	2018
Vested Benefits		
Participants currently receiving benefits	\$ 4,963,415	\$ 3,954,360
Active and terminated vested participants	<u>4,029,782</u>	<u>2,720,391</u>
Total vested benefits	8,993,197	6,674,751
Nonvested benefits	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 8,993,197</u>	<u>\$ 6,674,751</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended September 1, 2019 and 2018 are as follows:

	2019	2018
Actuarial present value of accumulated plan benefits, beginning of period	<u>\$ 6,674,751</u>	<u>\$6,557,987</u>
Increase (decrease) during the year attributed to:		
Benefits paid	(471,781)	(450,685)
Decrease in the discount period	481,513	473,540
Assumption changes	2,228,231	(12,214)
Actuarial (gains)/losses	<u>80,483</u>	<u>106,123</u>
Net increase (decrease)	<u>2,318,446</u>	<u>116,764</u>
Actuarial present value of accumulated plan benefits, end of period	<u>\$ 8,993,197</u>	<u>\$ 6,674,751</u>

The significant methods and assumptions used to determine the actuarial present value of accumulated plan benefits as of September 1, 2019 and 2018 are as follows:

	2019			2018		
Mortality	RP-2014	Total	Dataset	RP-2014	Total	Dataset
	Mortality adjusted backward to 2006 and projected with Scale MP-2019			Mortality adjusted backward to 2006 and projected with Scale MP-2018		
Discount Rate	4.82%			7.5%		
Weighted Average Retirement Age	Age 67			Age 67		

The assumption changes from September 1, 2018 to September 1, 2019 include updating the mortality assumption projection from Scale MP-2018 as of September 1, 2018 to Scale MP-2019 as of September 1, 2019, and updating the discount rate from 7.50% as of September 1, 2018 to 4.82% as of September 1, 2019 as the Plan changed to a liability driven investment strategy during Plan year 2019.

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

6. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated June 29, 2012 that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan had been amended since receiving its determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Retirement Plan for Employees of AAA Northwest Ohio
Notes to Financial Statements
As of and for the Years Ended August 31, 2019 and 2018

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not 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, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits 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 plan years prior to 2016.

7. Risks and Uncertainties

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

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

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

Investments are currently held by Wells Fargo Bank, N.A., (the “Custodian”). The Plan’s benefit payment services are handled by The Vanguard Group, Inc. (“Vanguard”). These transactions qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under ERISA regulations.

9. Plan Termination

The Company 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 will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

Retirement Plan for Employees of AAA Northwest Ohio
Notes to Financial Statements
As of and for the Years Ended August 31, 2019 and 2018

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.

10. Subsequent Events

The COVID-19 pandemic during 2020 has significantly disrupted financial markets, economies and other events subsequent to August 31, 2019. The impact to the Plan of the COVID-19 pandemic during 2020 has resulted in reductions in the fair value of investments of the Plan. It has also decreased interest rates and could impact employee demographics which could change assumptions utilized in the future for the actuarial present value of accumulated plan benefits. While management of the Plan currently expects to be able to continue to meet immediate contribution requirements, the long-term impact of the effects of the COVID-19 pandemic to the Plan or Plan sponsor are currently not known. The Plan sponsor is also currently evaluating the effects of relief from regulatory authorities, including the CARES Act, to the Plan. The extent of any adverse impact of the COVID-19 pandemic on the Plan's net assets available for benefits and actuarial present value of accumulated plan benefits could not be reasonably estimated at the date the financial statements were available to be issued.

The Plan has evaluated subsequent events through June 12, 2020, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Retirement Plan for Employees of AAA Northwest Ohio
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
As of August 31, 2019

EIN 23-0758010 Plan #012

(a)	(b) Identity of issue, borrower, lessor, or similar party	Shares/ Unit	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Mutual funds:					
	Acadian	8,445	Emerging Markets Portfolio Fund	\$ 163,644	\$ 153,883
	Oppenheimer	3,701	Developing Markets Fund	143,502	153,670
	Alps	23,260	Complete Commodities Strategy Fund	171,296	151,655
*	Vanguard	7,555	Real Estate Index Fund	136,200	152,923
	Total mutual funds			614,642	612,131
Collective investment trusts:					
*	Wells Fargo	160,705	Blackrock Short-Term Investment Fund	160,705	160,705
*	Wells Fargo	103,051	Liability Driven Solution CIT I	1,550,351	1,727,048
*	Wells Fargo	225,675	Liability Driven Solution CIT II	4,061,414	5,023,900
*	Wells Fargo	2,686	Liability Driven Solution CIT III	38,346	49,987
*	Wells Fargo	40,643	Blackrock International Equity Index	556,349	607,175
*	Wells Fargo	15,582	Blackrock Russell 2000 Index	280,269	308,653
*	Wells Fargo	44,182	Blackrock S&P 500 Index	884,167	1,073,735
*	Wells Fargo	21,726	Blackrock S&P Midcap Index	415,513	463,006
	Total collective investment trusts			7,947,114	9,414,209
*	Indicates party-in-interest			\$ 8,561,756	\$10,026,340

This schedule was prepared from data certified as complete and accurate by
Wells Fargo Bank, N.A., the custodian.

Retirement Plan for Employees of AAA Northwest Ohio
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended August 31, 2019

EIN: 23-0758010 Plan #012

<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
<u>Category (i) – Single Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>					
* Wells Fargo BlackRock International Equity Index CIT	\$ 526,795	\$ -	\$ 526,795	\$ 526,795	\$ -
* Wells Fargo BlackRock S&P 500 Index CIT	508,880	-	508,880	508,880	-
* Wells Fargo Liability Driven Solution CIT I	645,004	-	645,004	645,004	-
* Wells Fargo Liability Driven Solution CIT I	943,520	-	943,520	943,520	-
* Wells Fargo Liability Driven Solution CIT II	5,574,676	-	5,574,676	5,574,676	-
Metropolitan West Total Return Bond	-	644,433	655,771	644,433	(11,338)
* Wells Fargo BlackRock S&P 500 Index CIT	-	653,188	508,759	653,188	144,429
* Wells Fargo Dodge & Cox Intermediate Bond CIT	-	646,011	630,641	646,011	15,370
* Wells Fargo Core Bond CIT	-	1,287,396	1,264,463	1,287,396	22,933
* Wells Fargo Liability Driven Solution CIT II	-	942,170	918,041	942,170	24,129
* Wells Fargo BlackRock S&P Mid Cap Index CIT	-	534,961	436,926	534,961	98,035
* Wells Fargo Federated Total Return Bond CIT	-	645,332	628,283	645,332	17,049
* Wells Fargo Multi-Manager Small Cap Cit	-	491,558	385,317	491,558	106,241
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>					
* Wells Fargo BlackRock Short-Term Investment Fund					
33 Purchases	\$ 498,142	\$ -	\$ 498,142	\$ 498,142	\$ -
13 Sales	-	498,983	498,983	498,983	-
* Wells Fargo BlackRock International Equity Index CIT					
6 Purchases	586,159	-	586,159	586,159	-
6 Sales	-	32,289	29,810	32,289	2,479
* Wells Fargo BlackRock S&P 500 Index CIT					
7 Purchases	631,774	-	631,774	631,774	-
4 Sales	-	738,779	582,795	738,779	155,984
* Wells Fargo Liability Driven Solution CIT I					
7 Purchases	1,632,637	-	1,632,637	1,632,637	-
4 Sales	-	83,023	82,286	83,023	737
* Wells Fargo Liability Driven Solution CIT II					
3 Purchases	5,723,872	-	5,723,872	5,723,872	-
8 Sales	-	1,749,639	1,662,458	1,749,639	87,181
* Wells Fargo BlackRock S&P Mid Cap Index CIT					
7 Purchases	171,399	-	171,399	171,399	-
4 Sales	-	645,082	533,233	645,082	111,849
* Wells Fargo Multi-Manager Small Cap CIT					
1 Purchase	100,568	-	100,568	100,568	-
6 Sales	-	824,483	702,876	824,483	121,607

* Denotes party-in-interest

There were no category (ii) or (iv) reportable transactions during the year ended August 31, 2019.

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A., the custodian.

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

EIN: 23-0758010

PN: 012

2018 Schedule B (Form 5500) - Line 26 - Schedule of Active Participant Data

	Years of Credited Service														
Attained Age	0 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30+		TOTAL
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 40	0		0		2		0		0		0		0		2
40-44	0		0		0		1		2		0		0		3
45-49	0		0		1		1		0		1		1		4
50-54	0		0		2		0		1		1		1		5
55-59	0		0		2		3		0		1		5		11
60-64	0		0		1		0		1		0		0		2
65+	0		0		0		0		2		0		0		2
TOTAL	0		0		8		5		6		3		7		29

Actuarial Assumptions and Methods

Funding Interest Rates

	2018/19		2017/18	
	24-month Average*	Constrained Rates**	24-month Average*	Constrained Rates**
Segment Rate 1	2.28%	3.92%	1.75%	4.16%
Segment Rate 2	3.81%	5.52%	3.76%	5.72%
Segment Rate 3	4.46%	6.29%	4.66%	6.48%
Effective Rate (EIR)	4.03%	5.72%	4.08%	5.92%

*used for maximum deductible contributions, 4010 reporting determination (if applicable), and the Alternated Method for PBGC purposes

**used for minimum funding and AFTAP purposes

PBGC Premium Funding Target Interest Rates

	2018/19	2017/18
Interest Rate Method	Alternative	Alternative
Segment Rate 1	2.28%	1.75%
Segment Rate 2	3.81%	3.76%
Segment Rate 3	4.46%	4.66%
Effective Rate (EIR)	4.03%	4.08%

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:

Completed Years of Service

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

Retirement Plan for Employees of AAA Northwest Ohio

EIN: 23-0758010

PN: 012

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

Retirement Plan for Employees of AAA Northwest Ohio
EIN: 23-0758010 PN: 012

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.

Shortfall Amortization Charges for 2018/19

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.

$$(\text{Assets} - \text{Prefunding Balance}) / \text{Funding Target}$$

$$=$$

$$(9,097,833 - 1,343,276) / (7,802,508) = 99.39\%$$

Since the funding percentage of 99.39% is less than (or equal to) 100% for plan year 2018/19, SAC is needed for 2018/19.

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 9/1/2018	September 1, 2018	<u>\$47,951</u>	<u>\$7,828</u>
Totals		\$47,951	\$7,828

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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 09/01/2018 and ending 08/31/2019

▶ **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) ▶ <u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AAA CLUB ALLIANCE	D Employer Identification Number (EIN) <u>23-0758010</u>
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>2018</u>			
2 Assets:			
a Market value.....	2a	9,296,492	
b Actuarial value	2b	9,097,833	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	67	4,442,344	4,442,344
b For terminated vested participants	91	2,101,598	2,101,598
c For active participants	29	1,258,566	1,258,566
d Total	187	7,802,508	7,802,508
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	5.72 %	
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		June 8, 2020
STEPHEN A. CATONE, ASA		Date
Type or print name of actuary		20-05357
KORN FERRY, INC		Most recent enrollment number
Firm name		(215) 861-2333
1650 ARCH STREET, SUITE 2300		Telephone number (including area code)
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 ☐

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	1,235,878
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	1,235,878
10 Interest on line 9 using prior year's actual return of <u>8.69</u> %	0	107398
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>5.92</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	1343276

Part III Funding Percentages

14 Funding target attainment percentage	14	99.38%
15 Adjusted funding target attainment percentage.....	15	116.60%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.91%
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
01/09/2020	800,000				
Totals ▶			18(b)	800,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required 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	741,782

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:
3.92 %2nd segment:
5.52 %3rd segment:
6.29 %☐ 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) Prior regulation: ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute
 Current regulation: ☐ 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.....	47,951	7,828
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** 7,828

	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** 7,828**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 741,782

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	733,954
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

Actuarial Assumptions and Methods

Funding Interest Rates

	2018/19		2017/18	
	24-month Average*	Constrained Rates**	24-month Average*	Constrained Rates**
Segment Rate 1	2.28%	3.92%	1.75%	4.16%
Segment Rate 2	3.81%	5.52%	3.76%	5.72%
Segment Rate 3	4.46%	6.29%	4.66%	6.48%
Effective Rate (EIR)	4.03%	5.72%	4.08%	5.92%

*used for maximum deductible contributions, 4010 reporting determination (if applicable), and the Alternated Method for PBGC purposes

**used for minimum funding and AFTAP purposes

PBGC Premium Funding Target Interest Rates

	2018/19	2017/18
Interest Rate Method	Alternative	Alternative
Segment Rate 1	2.28%	1.75%
Segment Rate 2	3.81%	3.76%
Segment Rate 3	4.46%	4.66%
Effective Rate (EIR)	4.03%	4.08%

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:

Completed Years of Service

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

Retirement Plan for Employees of AAA Northwest Ohio

EIN: 23-0758010

PN: 012

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

Retirement Plan for Employees of AAA Northwest Ohio
EIN: 23-0758010 PN: 012

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.

Line 19 – Discounted Employer Contributions

for 2018 Plan Year

<u>Minimum Funding Contribution assuming paid on 9/1/2018</u>	<u>Effective Interest Rate</u>	<u>Actual Payment (w/Date made)</u>
<u>\$ 741,782</u>	5.72%	<u>\$ 800,000 (01/09/2020)</u>
\$ 741,782		\$ 800,000

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

EIN: 23-0758010

PN: 012

2018 Schedule B (Form 5500) - Line 26 - Schedule of Active Participant Data

	Years of Credited Service														
Attained Age	0 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30+		TOTAL
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 40	0		0		2		0		0		0		0		2
40-44	0		0		0		1		2		0		0		3
45-49	0		0		1		1		0		1		1		4
50-54	0		0		2		0		1		1		1		5
55-59	0		0		2		3		0		1		5		11
60-64	0		0		1		0		1		0		0		2
65+	0		0		0		0		2		0		0		2
TOTAL	0		0		8		5		6		3		7		29

Shortfall Amortization Charges for 2018/19

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.

$$(\text{Assets} - \text{Prefunding Balance}) / \text{Funding Target}$$

$$=$$

$$(9,097,833 - 1,343,276) / (7,802,508) = 99.39\%$$

Since the funding percentage of 99.39% is less than (or equal to) 100% for plan year 2018/19, SAC is needed for 2018/19.

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 9/1/2018	September 1, 2018	<u>\$47,951</u>	<u>\$7,828</u>
Totals		\$47,951	\$7,828

**Application for Extension of Time
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212
File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) AAA CLUB ALLIANCE INC Number, street, and room or suite no. (If a P.O. box, see instructions) ONE RIVER PLACE, CORPORATE TAX DEPARTMENT City or town, state, and ZIP code WILMINGTON, DE 19801	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 23-0758010 Social security number (SSN) (9 digits XXX-XX-XXXX)											
C Plan name RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO	<table><tr><th rowspan="2">Plan number</th><th colspan="3">Plan year ending—</th></tr><tr><th>MM</th><th>DD</th><th>YYYY</th></tr><tr><td>0 1 2</td><td>08</td><td>31</td><td>2019</td></tr></table>	Plan number	Plan year ending—			MM	DD	YYYY	0 1 2	08	31	2019
Plan number	Plan year ending—											
	MM	DD	YYYY									
0 1 2	08	31	2019									

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 0 6 / 1 5 / 2 0 2 0 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 0 6 / 1 5 / 2 0 2 0 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ►

a	
---	--
- b Enter the payment amount attached ►

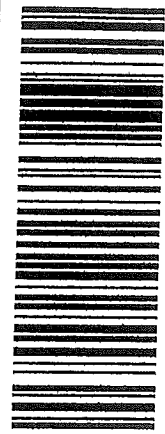
b	
---	--
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

c	
---	--

5 **State in detail why you need the extension:**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) ☐ Return Receipt (hardcopy) \$ _____ ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____ Sent To _____ Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	Postmark Here
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

2019 Form 5558 RPT REQUESTS FOR AAA Mid-Atlantic DB PL
NWA Plan + Conn Sales Plan

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Internal Revenue Service Center Ogden, UT 84201 - 0045 9590 9402 4345 8190 8348 69 2. Article Number (Transfer from service label) 7017 2620 0000 3872 8960	COMPLETE THIS SECTION ON DELIVERY A. Signature X _____ ☐ Agent ☐ Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Signature Confirmation Restricted Delivery (over \$500) ☐ Insured Mail Restricted Delivery (over \$500)
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Retirement Plan for Employees of AAA Northwest Ohio
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended August 31, 2019

EIN: 23-0758010 Plan #012

<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
<u>Category (i) – Single Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>					
* Wells Fargo BlackRock International Equity Index CIT	\$ 526,795	\$ -	\$ 526,795	\$ 526,795	\$ -
* Wells Fargo BlackRock S&P 500 Index CIT	508,880	-	508,880	508,880	-
* Wells Fargo Liability Driven Solution CIT I	645,004	-	645,004	645,004	-
* Wells Fargo Liability Driven Solution CIT I	943,520	-	943,520	943,520	-
* Wells Fargo Liability Driven Solution CIT II	5,574,676	-	5,574,676	5,574,676	-
Metropolitan West Total Return Bond	-	644,433	655,771	644,433	(11,338)
* Wells Fargo BlackRock S&P 500 Index CIT	-	653,188	508,759	653,188	144,429
* Wells Fargo Dodge & Cox Intermediate Bond CIT	-	646,011	630,641	646,011	15,370
* Wells Fargo Core Bond CIT	-	1,287,396	1,264,463	1,287,396	22,933
* Wells Fargo Liability Driven Solution CIT II	-	942,170	918,041	942,170	24,129
* Wells Fargo BlackRock S&P Mid Cap Index CIT	-	534,961	436,926	534,961	98,035
* Wells Fargo Federated Total Return Bond CIT	-	645,332	628,283	645,332	17,049
* Wells Fargo Multi-Manager Small Cap Cit	-	491,558	385,317	491,558	106,241
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>					
* Wells Fargo BlackRock Short-Term Investment Fund					
33 Purchases	\$ 498,142	\$ -	\$ 498,142	\$ 498,142	\$ -
13 Sales	-	498,983	498,983	498,983	-
* Wells Fargo BlackRock International Equity Index CIT					
6 Purchases	586,159	-	586,159	586,159	-
6 Sales	-	32,289	29,810	32,289	2,479
* Wells Fargo BlackRock S&P 500 Index CIT					
7 Purchases	631,774	-	631,774	631,774	-
4 Sales	-	738,779	582,795	738,779	155,984
* Wells Fargo Liability Driven Solution CIT I					
7 Purchases	1,632,637	-	1,632,637	1,632,637	-
4 Sales	-	83,023	82,286	83,023	737
* Wells Fargo Liability Driven Solution CIT II					
3 Purchases	5,723,872	-	5,723,872	5,723,872	-
8 Sales	-	1,749,639	1,662,458	1,749,639	87,181
* Wells Fargo BlackRock S&P Mid Cap Index CIT					
7 Purchases	171,399	-	171,399	171,399	-
4 Sales	-	645,082	533,233	645,082	111,849
* Wells Fargo Multi-Manager Small Cap CIT					
1 Purchase	100,568	-	100,568	100,568	-
6 Sales	-	824,483	702,876	824,483	121,607

* Denotes party-in-interest

There were no category (ii) or (iv) reportable transactions during the year ended August 31, 2019.

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A., the custodian.

Retirement Plan for Employees of AAA Northwest Ohio
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
As of August 31, 2019

EIN 23-0758010 Plan #012

(a)	(b) Identity of issue, borrower, lessor, or similar party	Shares/ Unit	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Mutual funds:					
	Acadian	8,445	Emerging Markets Portfolio Fund	\$ 163,644	\$ 153,883
	Oppenheimer	3,701	Developing Markets Fund	143,502	153,670
	Alps	23,260	Complete Commodities Strategy Fund	171,296	151,655
*	Vanguard	7,555	Real Estate Index Fund	136,200	152,923
	Total mutual funds			614,642	612,131
Collective investment trusts:					
*	Wells Fargo	160,705	Blackrock Short-Term Investment Fund	160,705	160,705
*	Wells Fargo	103,051	Liability Driven Solution CIT I	1,550,351	1,727,048
*	Wells Fargo	225,675	Liability Driven Solution CIT II	4,061,414	5,023,900
*	Wells Fargo	2,686	Liability Driven Solution CIT III	38,346	49,987
*	Wells Fargo	40,643	Blackrock International Equity Index	556,349	607,175
*	Wells Fargo	15,582	Blackrock Russell 2000 Index	280,269	308,653
*	Wells Fargo	44,182	Blackrock S&P 500 Index	884,167	1,073,735
*	Wells Fargo	21,726	Blackrock S&P Midcap Index	415,513	463,006
	Total collective investment trusts			7,947,114	9,414,209
*	Indicates party-in-interest			\$ 8,561,756	\$10,026,340

This schedule was prepared from data certified as complete and accurate by
Wells Fargo Bank, N.A., the custodian.