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).

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 08/31/2020

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
RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

1b Three-digit plan number (PN) ▶ 012

1c Effective date of plan 09/28/1960

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)
AAA CLUB ALLIANCE INC

CORPORATE TAX DEPARTMENT, 3RD FLOOR
1 RIVER PLACE
WILMINGTON, DE 19801

CORPORATE TAX DEPARTMENT, 3RD FLOOR
1 RIVER PLACE
WILMINGTON, DE 19801

2b Employer Identification Number (EIN)
23-0758010

2c Plan Sponsor's telephone number
302-299-4355

2d Business code (see instructions)
488990

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2021	DEBRA MAHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2021	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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**	186
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	26
a(2) Total number of active participants at the end of the plan year	**6a(2)**	24
b Retired or separated participants receiving benefits	**6b**	67
c Other retired or separated participants entitled to future benefits	**6c**	87
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	178
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f Total. Add lines **6d** and **6e**.	**6f**	183
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I

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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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_____

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 08/31/2020

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2019

2 Assets:

a Market value	**2a**	10810163
b Actuarial value	**2b**	10324800

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	70	4788273	4788273
b For terminated vested participants	90	2239158	2239158
c For active participants	26	1236783	1236783
d Total	186	8264214	8264214

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**	5.55 %
6 Target normal cost	**6**	

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 06/02/2021

STEPHEN A. CATONE, ASA — Type or print name of actuary

20-05357 — Most recent enrollment number

KORN FERRY, INC — Firm name

215-861-2333 — Telephone number (including area code)

1650 ARCH STREET, SUITE 2300
PHILADELPHIA, PA 19103-2029

Address of the firm

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

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	1343276
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	1343276
10	Interest on line 9 using prior year's actual return of 13.27 %	0	178253
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		733954
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 5.72 %		41982
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		775936
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1521529

Part III Funding Percentages

14	Funding target attainment percentage	14	106.52 %
15	Adjusted funding target attainment percentage	15	124.93 %
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	99.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

b If 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:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 08/31/2020

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)

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)

RPS PARTNERS LLC

19 CEDER PLACE
GARDEN CITY, NY 11530

47-5161922

(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?
38			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)

TORRILLO & ASSOICATES 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 ☒

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 08/31/2020

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: WELL FARGO BLACKROCK S&P MIDCAP

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

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)
52-2265235-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WELL FARGO BLACKROCK S&P 500 INDEX

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

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)
94-3224211-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WF RUSSELL 2000 INDEX

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

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)
94-3224211-001	C	0

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265222-001	C	0

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6292499-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WF BLACKROCK SORT-TERM INVEST FUND

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

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)
41-6292499-001	C	181348

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
30-6225619-001	C	3049299

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) 8385727

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 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) 188074

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)

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)

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)

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)

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)

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)

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)

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)

Part II Information on Participating Plans (to be completed by DFEs)

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 08/31/2020

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	800000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	337	44
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)	9414209	11804448
(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)	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	10826677	11804492
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10826677	11804492

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2410	
	(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)		2410
	(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)	8232	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8232
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1403606
(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)		54246
c Other income	2c		207
d Total income. Add all **income** amounts in column (b) and enter total	2d		1468701
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	490886	
(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)		490886
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		490886
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		977815
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) ☐ Unmodified **(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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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 4276277. (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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 08/31/2020

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 Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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

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

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

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

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

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

Financial Statements
As of and for the Years Ended
August 31, 2020 and 2019
And
Supplemental Schedules
As of and for the Year Ended
August 31, 2020

Torrillo & Associates Certified Public Accountants

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.

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INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of AAA Northwest Ohio (the "Plan"), which comprise the statements of net assets available for benefits as of August 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended August 31, 2020 and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Emphasis-of-Matter

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Notes 1, 5, 9 and 11 to the financial statements, the Plan's sponsor terminated the Plan effective February 15, 2021, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. Our opinion is not modified with respect to that matter.

Other Matter – Supplemental Schedules

The supplemental Schedule H, Line 4(i), Schedule of Assets (Held at End of Year) as of August 31, 2020 and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended August 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Tomillo + Associates, LLC

June 8, 2021

Retirement Plan for Employees of AAA Northwest Ohio
Statements of Net Assets Available for Benefits
As of August 31, 2020 and 2019

	2020	2019
Assets:		
Investments, at fair value	$ 11,804,448	$ 10,026,340
Receivables		
Contributions receivable	-	800,000
Accrued income	44	337
Total receivables	44	800,337
Total assets	11,804,492	10,826,677
Net assets available for benefits	$ 11,804,492	$ 10,826,677

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, 2020 and 2019

	2020	2019
Additions:		
Additions to net assets attributed to:		
Investment income		
Interest	$ 2,410	$ 4,096
Dividends	8,232	13,825
Net appreciation in fair value of investments	1,457,852	1,183,461
Other income	207	584
Investment income	1,468,701	1,201,966
Employer contributions	-	800,000
Total additions	1,468,701	2,001,966
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	490,886	471,781
Total deductions	490,886	471,781
Net increase	977,815	1,530,185
Net assets available for benefits		
Beginning of year	10,826,677	9,296,492
End of year	$ 11,804,492	$ 10,826,677

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

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, 2019 (see notes 6 and 10). 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 Company terminated the Plan effective February 15, 2021, the "Termination Date" (see Notes 5, 9 and 11). As part of the termination, provisions for providing lump sum payments in conjunction with the Plan termination were added to the Plan and the Plan can reimburse the Company for payment of administrative expenses.

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 2020 and 2019 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 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 2020 and 2019, 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.

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, 2020 and 2019.
- 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, 2020 and 2019.
- The information for all collective investment trusts listed in the schedule of assets (held at end of year) at August 31, 2020 and the schedule of reportable transactions for the year ended August 31, 2020, 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.

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, 2020 and 2019.

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, 2020:

	Total	Level 1	Level 2	Level 3
Investments, at fair value:				
Collective investment trusts(*)	$ 11,804,448	$ -	$ -	$ -
Total	$ 11,804,448	$ -	$ -	$ -

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

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

*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.

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, 2020 and August 31, 2019, 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, 2020 and 2019.

	Fair Value, as of August 31		Unfunded	Redemption	Redemption
Investment Type	2020	2019	Commitments	Frequency	Notice Period
Collective investment trusts	$ 11,804,448	$ 9,414,209	$ -	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. The objective of the collective investment trusts invested in liability driven solutions is to seek total return, consisting of income and capital appreciation through active management of a diversified portfolio of fixed income securities while maintaining an overall duration within the range of the Bloomberg Barclays US Credit Bond Index. 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.

The actuarial present value of accumulated plan benefits as of September 1, 2020 and 2019 is as follows:

	2020	2019
Vested Benefits		
Participants currently receiving benefits	$ 5,428,653	$ 4,963,415
Active and terminated vested participants	4,745,015	4,029,782
Total vested benefits	10,173,668	8,993,197
Nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	$10,173,668	$ 8,993,197

The changes in the actuarial present value of accumulated plan benefits for the year ended September 1, 2020 and 2019 are as follows:

	2020	2019
Actuarial present value of accumulated plan benefits, beginning of period	$ 8,993,197	$ 6,674,751
Increase (decrease) during the year attributed to:		
Benefits paid	(490,886)	(471,781)
Decrease in the discount period	420,656	481,513
Assumption changes	1,166,393	2,228,231
Actuarial (gains)/losses	84,308	80,483
Net increase (decrease)	1,180,471	2,318,446
Actuarial present value of accumulated plan benefits, end of period	$10,173,668	$ 8,993,197

The significant methods and assumptions used to determine the actuarial present value of accumulated plan benefits as of September 1, 2020 and 2019 are as follows:

	2020	2019
Mortality	PRI-2012 Amount Weighted Mortality Table and projected with Scale MP-2020	RP-2014 Total Dataset Mortality adjusted backward to 2006 and projected with Scale MP-2019
Discount Rate	3.70%	4.82%
Weighted Average Retirement Age	Age 67	Age 67

The assumption changes from September 1, 2019 to September 1, 2020 include changing the mortality tables from RP-2014 projected with Scale MP-2019 as of September 1, 2019 to PRI-2012 projected with Scale MP-2020 as of September 1, 2020, and updating the discount rate from 4.82% as of September 1, 2019 to 3.70% as of September 1, 2020 as the Plan changed to a liability driven investment strategy during Plan year 2020.

The foregoing assumptions are based on the presumption that the Plan will continue. As detailed in Notes 1, 9 and 11 to the financial statements, the Plan's sponsor terminated the Plan effective February 15, 2021, which indicates that the Plan is not a going concern. Subsequent to September 1, 2020, as a result of the Plan termination, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated plan benefits.

6. Tax Status

Effective September 1, 2019, through the adoption of a FIS Business Systems LLC volume submitter defined benefit plan, the Plan was amended and restated (see Note 10). The Internal Revenue Service (“IRS”) issued an advisory letter dated March 30, 2018, stating that the volume submitter defined benefit plan document as then designed was in accordance with applicable Internal Revenue Code (“IRC”) requirements. Prior to the amendment and restatement, the IRS had determined and informed the Company by a letter dated June 29, 2012 that the Plan was designed in accordance with the applicable sections of the IRC. Although the Plan had been amended since receiving the advisory letter (see Note 11), 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.

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, 2020, 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 2017.

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.

The COVID-19 pandemic significantly disrupted financial markets, economies and other events during the year ended August 31, 2020, and subsequent to August 31, 2020. The impact to the Plan of the COVID-19 pandemic has resulted in significant volatility in 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.

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 its contributions at any time and to terminate the Plan subject to the provisions of ERISA. When a plan is terminated or upon complete discontinuance of contributions, the rights of the participants in the Plan at the date of termination or discontinuance shall be nonforfeitable. During 2020, the Plan sponsor began the process of terminating the Plan in a standard termination. The Plan sponsor set February 15, 2021 as the termination date (see Notes 1, 5 and 11) and began providing participants with the formal "Notice of Intent to Terminate" beginning December 4, 2020.

The Plan termination will not impact the amount of benefits that Participants are due under the Plan. Benefits will be settled primarily through lump-sum payments.

The final settlement will not occur until the Company receives a favorable determination letter from the IRS and meets all requirements set forth by the IRS and the Pension Benefit Guarantee Corporation ("PBGC") (a U.S. government agency), which is expected to take at least one year.

In order to terminate the Plan in accordance with IRS and PBGC requirements, the Company is required to fully fund the Plan on a termination basis and will commit to contribute the additional assets necessary to do so. The amount necessary to do so is not yet known, but is currently estimated to be between zero and $2.2 million.

Upon termination of the Plan, the net assets 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.

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. Plan Amendments

Effective as of September 1, 2019 through the adoption of a pre-approved volume submitter plan document (see Note 6), the Plan was amended and restated, primarily for administrative matters and minor modifications.

11. Subsequent Events

During November 2020, the Plan was amended to, among other matters:

- to provide a lump sum election window allowing participants who terminated employment with vested accrued benefits prior to August 1, 2020 and had not reached their normal retirement dates prior to September 15, 2020, to elect to receive their accrued benefits in the form of a cash lump or an immediate annuity in the normal form or any of the alternate forms of distribution available under the Plan, commencing as of December 1, 2020;
- to provide a similar lump sum election window for surviving spouses who had not commenced payment prior to September 15, 2020;
- to terminate the Plan effective February 15, 2021;
- To allow all participants and surviving spouses who have not commenced payment under the Plan as, the date of Plan termination to elect, during the time prescribed by the Plan Administrator following the Plan termination, to receive their accrued benefits in the form of a cash lump sum or immediate annuity in the normal form or any of the alternate forms of distribution available under the Plan;
- to comply with section 401(a)(9) of the Internal Revenue Code, as amended by the SECURE Act provisions; and
- to clarify the use of Plan assets to pay reasonable Plan administrative expense

During 2020, per the above amendment, the Plan provided for a limited-time distribution window for certain participants (or their surviving spouse) who terminated employment with vested accrued benefits prior to August 1, 2020 and had not reached their normal retirement dates prior to September 15, 2020. Eligible participants had from September 10, 2020 to November 15, 2020 to make an election to receive a lump-sum payout. Approximately, 45 participants accepted this offer, and the Plan, subsequent to August 31, 2020, has distributed approximately $2,500,000 to these participants in full settlement of the benefits they would have received pursuant to the Plan.

The Plan has evaluated subsequent events through June 8, 2021, 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, 2020

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
	Collective investment trusts:				
*	Wells Fargo	181,348	Blackrock Short-Term Investment Fund	$ 181,348	$ 181,348
*	Wells Fargo	169,895	Liability Driven Solution CIT I	2,681,005	3,049,299
*	Wells Fargo	340,266	Liability Driven Solution CIT II	6,627,849	8,385,727
*	Wells Fargo	8,877	Liability Driven Solution CIT III	153,950	188,074
	Total collective investment trusts			9,644,152	11,804,448
*	Indicates party-in-interest			$ 9,644,152	$11,804,448

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, 2020

EIN: 23-0758010 Plan #012

Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – Single Transactions in a Security Issue Aggregating 5% of Plan Assets:					
* Wells Fargo BlackRock Short-Term Investment Fund	$ 800,000	$ -	$ 800,000	$ 800,000	$ -
* Wells Fargo BlackRock Short-Term Investment Fund	-	797,764	797,764	797,764	-
* Wells Fargo BlackRock International Equity Index CIT	-	608,534	501,931	608,534	106,603
* Wells Fargo BlackRock S&P 500 Index CIT	-	1,079,207	793,467	1,079,207	285,740
* Wells Fargo Liability Driven Solution CIT I	740,474	-	740,474	740,474	-
* Wells Fargo Liability Driven Solution CIT II	2,233,642	-	2,233,642	2,233,642	-
* Wells Fargo Liability Driven Solution CIT II	587,863	-	587,863	587,863	-
Category (iii) – Series of transactions in excess of 5% of plan assets					
* Wells Fargo BlackRock Short-Term Investment Fund					
31 Purchases	$ 1,309,386	$ -	$ 1,309,389	$ 1,309,389	$ -
15 Sales	-	1,288,738	1,288,738	1,288,738	-
* Wells Fargo BlackRock International Equity Index CIT					
1 Purchases	10,305	-	10,305	10,305	-
5 Sales	-	683,260	566,655	683,260	116,605
* Wells Fargo BlackRock S&P 500 Index CIT					
1 Purchases	30,609	-	30,609	30,609	-
5 Sales	-	1,234,715	914,775	1,234,715	319,940
* Wells Fargo Liability Driven Solution CIT I					
7 Purchases	1,213,890	-	1,213,890	1,213,890	-
3 Sales	-	90,832	83,236	90,832	7,596
* Wells Fargo Liability Driven Solution CIT II					
7 Purchases	3,129,721	-	3,129,721	3,129,721	-
6 Sales	-	666,987	563,286	666,987	103,701
* Wells Fargo BlackRock S&P Mid Cap Index CIT					
1 Purchases	19,178	-	19,178	19,178	-
5 Sales	-	527,717	434,691	527,717	93,026

* Denotes party-in-interest
There were no category (ii) or (iv) reportable transactions during the year ended August 31, 2020.
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.

Actuarial Assumptions and Methods

Funding Interest Rates

	2019/20		2018/19	
	24-month Average*	Constrained Rates**	24-month Average*	Constrained Rates**
Segment Rate 1	2.79%	3.74%	2.28%	3.92%
Segment Rate 2	3.92%	5.35%	3.81%	5.52%
Segment Rate 3	4.38%	6.11%	4.46%	6.29%
Effective Rate (EIR)	4.07%	5.55%	4.03%	5.72%

*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

	2019/20	2018/19
Interest Rate Method	Alternative	Alternative
Segment Rate 1	2.79%	2.28%
Segment Rate 2	3.92%	3.81%
Segment Rate 3	4.38%	4.46%
Effective Rate (EIR)	4.07%	4.03%

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

Rates of Retirement

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

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

Rates of Disability

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

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

Shortfall Amortization Charges for 2019/20

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

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

(Assets – Prefunding Balance)/Funding Target

=

(10,324,800 – 1,521,529) / (8,264,214) = 106.52%

Since the funding percentage of 106.52% is greater than (or equal to) 100% for plan year 2019/20, SAC is not needed for 2019/20.

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, 2020

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
	Collective investment trusts:				
*	Wells Fargo	181,348	Blackrock Short-Term Investment Fund	$ 181,348	$ 181,348
*	Wells Fargo	169,895	Liability Driven Solution CIT I	2,681,005	3,049,299
*	Wells Fargo	340,266	Liability Driven Solution CIT II	6,627,849	8,385,727
*	Wells Fargo	8,877	Liability Driven Solution CIT III	153,950	188,074
	Total collective investment trusts			9,644,152	11,804,448
*	Indicates party-in-interest			$ 9,644,152	$11,804,448

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, 2020

EIN: 23-0758010 Plan #012

Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – Single Transactions in a Security Issue Aggregating 5% of Plan Assets:					
* Wells Fargo BlackRock Short-Term Investment Fund	$ 800,000	$ -	$ 800,000	$ 800,000	$ -
* Wells Fargo BlackRock Short-Term Investment Fund	-	797,764	797,764	797,764	-
* Wells Fargo BlackRock International Equity Index CIT	-	608,534	501,931	608,534	106,603
* Wells Fargo BlackRock S&P 500 Index CIT	-	1,079,207	793,467	1,079,207	285,740
* Wells Fargo Liability Driven Solution CIT I	740,474	-	740,474	740,474	-
* Wells Fargo Liability Driven Solution CIT II	2,233,642	-	2,233,642	2,233,642	-
* Wells Fargo Liability Driven Solution CIT II	587,863	-	587,863	587,863	-
Category (iii) – Series of transactions in excess of 5% of plan assets					
* Wells Fargo BlackRock Short-Term Investment Fund					
31 Purchases	$ 1,309,386	$ -	$ 1,309,389	$ 1,309,389	$ -
15 Sales	-	1,288,738	1,288,738	1,288,738	-
* Wells Fargo BlackRock International Equity Index CIT					
1 Purchases	10,305	-	10,305	10,305	-
5 Sales	-	683,260	566,655	683,260	116,605
* Wells Fargo BlackRock S&P 500 Index CIT					
1 Purchases	30,609	-	30,609	30,609	-
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7 Purchases	1,213,890	-	1,213,890	1,213,890	-
3 Sales	-	90,832	83,236	90,832	7,596
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7 Purchases	3,129,721	-	3,129,721	3,129,721	-
6 Sales	-	666,987	563,286	666,987	103,701
* Wells Fargo BlackRock S&P Mid Cap Index CIT					
1 Purchases	19,178	-	19,178	19,178	-
5 Sales	-	527,717	434,691	527,717	93,026

* Denotes party-in-interest
There were no category (ii) or (iv) reportable transactions during the year ended August 31, 2020.
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.

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 08/31/2020

▶ **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

D Employer Identification Number (EIN)
23-0758010

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

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

Part I Basic Information

1 Enter the valuation date: Month 9 Day 1 Year 2019

2 Assets:

a Market value	**2a**	10,810,163
b Actuarial value	**2b**	10,324,800

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	70	4,788,273	4,788,273
b For terminated vested participants	90	2,239,158	2,239,158
c For active participants	26	1,236,783	1,236,783
d Total	186	8,264,214	8,264,214

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**	5.55 %
6 Target normal cost	**6**	

Statement by Enrolled Actuary

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

SIGN HERE Stephen A. Catone

Signature of actuary

06/02/2021
Date

STEPHEN A. CATONE, ASA
Type or print name of actuary

20-05357
Most recent enrollment number

KORN FERRY, INC
Firm name

(215)861-2333
Telephone number (including area code)

1650 ARCH STREET, SUITE 2300
PHILADELPHIA PA 19103-2029
Address of the firm

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

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	1,343,276
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	1,343,276
10	Interest on line 9 using prior year's actual return of 13.27%	0	178253
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		733,954
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 5.72%		41,982
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		775,936
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	1,521,529

Part III Funding Percentages

14	Funding target attainment percentage	14	106.52%
15	Adjusted funding target attainment percentage	15	124.93%
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	99.38%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Actuarial Assumptions and Methods

Funding Interest Rates

	2019/20		2018/19	
	24-month Average*	Constrained Rates**	24-month Average*	Constrained Rates**
Segment Rate 1	2.79%	3.74%	2.28%	3.92%
Segment Rate 2	3.92%	5.35%	3.81%	5.52%
Segment Rate 3	4.38%	6.11%	4.46%	6.29%
Effective Rate (EIR)	4.07%	5.55%	4.03%	5.72%

*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

	2019/20	2018/19
Interest Rate Method	Alternative	Alternative
Segment Rate 1	2.79%	2.28%
Segment Rate 2	3.92%	3.81%
Segment Rate 3	4.38%	4.46%
Effective Rate (EIR)	4.07%	4.03%

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

Rates of Retirement

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

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

Rates of Disability

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

Spouses

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

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

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

Cost Method

Unit Credit method in accordance with PPA

Summary of Plan Provisions

Type of Plan

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

Effective Date

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

Eligibility Requirements

Each employee commences participation on the March 1 or September 1 coincident with or next following completion of one year of service and attainment of age 21. Effective in 2011, new hires are not eligible to enter the Plan.

Employee Contributions

None.

Plan Compensation

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

Grandfathered Group

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

Normal Retirement Date

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

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

A monthly life annuity with 120 payments guaranteed starting at Normal Retirement Date (NRD) equal to 1.3% of Plan Compensation plus .65% of Plan Compensation in excess of Social Security Covered Compensation, if any, with such total multiplied by the Years of Credited Service up to 35 years. This amount was frozen effective December 31, 2010 for those participants not in the grandfathered group.

Early Retirement Pension

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

Late Retirement Pension

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

Death Benefit Prior to Retirement

No benefit is payable if death occurs prior to becoming vested. If a Member is married for at least one year on the date of death and dies after becoming vested, the surviving spouse will

receive a benefit for life commencing from the earliest date the Member could have retired, equal to the amount which would have been payable if the Member had terminated on the day prior to death, survived to the earliest possible retirement date and retired under a qualified joint and 50% survivor option.

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

Death Benefit After Retirement

Depends on form of benefit payment selected at retirement.

Vesting

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

Normal Form of Pension

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

II. Changes in Plan Provisions Since Prior Valuation

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

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

EIN: 23-0758010 PN: 012

2019 Schedule B (Form 5500) - Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service														
	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		1		1		0		0		0		2
40-44	0		0		0		1		1		0		0		2
45-49	0		0		1		0		1		0		0		2
50-54	0		0		1		1		0		1		2		5
55-59	0		0		1		4		1		1		5		12
60-64	0		0		0		0		0		0		1		1
65+	0		0		1		0		1		0		0		2
TOTAL	**0**		**0**		**5**		**7**		**4**		**2**		**8**		**26**

Shortfall Amortization Charges for 2019/20

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

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

(Assets – Prefunding Balance)/Funding Target

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(10,324,800 – 1,521,529) / (8,264,214) = 106.52%

Since the funding percentage of 106.52% is greater than (or equal to) 100% for plan year 2019/20, SAC is not needed for 2019/20.

Summary of Plan Provisions

Type of Plan

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

Effective Date

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

Eligibility Requirements

Each employee commences participation on the March 1 or September 1 coincident with or next following completion of one year of service and attainment of age 21. Effective in 2011, new hires are not eligible to enter the Plan.

Employee Contributions

None.

Plan Compensation

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

Grandfathered Group

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

Normal Retirement Date

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

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

A monthly life annuity with 120 payments guaranteed starting at Normal Retirement Date (NRD) equal to 1.3% of Plan Compensation plus .65% of Plan Compensation in excess of Social Security Covered Compensation, if any, with such total multiplied by the Years of Credited Service up to 35 years. This amount was frozen effective December 31, 2010 for those participants not in the grandfathered group.

Early Retirement Pension

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

Late Retirement Pension

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

Death Benefit Prior to Retirement

No benefit is payable if death occurs prior to becoming vested. If a Member is married for at least one year on the date of death and dies after becoming vested, the surviving spouse will

receive a benefit for life commencing from the earliest date the Member could have retired, equal to the amount which would have been payable if the Member had terminated on the day prior to death, survived to the earliest possible retirement date and retired under a qualified joint and 50% survivor option.

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

Death Benefit After Retirement

Depends on form of benefit payment selected at retirement.

Vesting

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

Normal Form of Pension

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

II. Changes in Plan Provisions Since Prior Valuation

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

RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO

EIN: 23-0758010 PN: 012

2019 Schedule B (Form 5500) - Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service														
	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		1		1		0		0		0		2
40-44	0		0		0		1		1		0		0		2
45-49	0		0		1		0		1		0		0		2
50-54	0		0		1		1		0		1		2		5
55-59	0		0		1		4		1		1		5		12
60-64	0		0		0		0		0		0		1		1
65+	0		0		1		0		1		0		0		2
TOTAL	**0**		**0**		**5**		**7**		**4**		**2**		**8**		**26**