

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>09/01/2021</u> and ending <u>08/31/2022</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO</u><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AAA CLUB ALLIANCE INC</u><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>CORPORATE TAX DEPARTMENT, 3RD FLOOR</u><br/> <u>1 RIVER PLANCE</u><br/> <u>WILMINGTON, DE 09801</u> </div> <div style="width: 45%;"> <u>CORPORATE TAX DEPARTMENT, 3RD FLOOR</u><br/> <u>1 RIVER PLANCE</u><br/> <u>WILMINGTON, DE 09801</u> </div> </div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>012</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>09/28/1960</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>23-0758010</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>302-299-4355</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>488990</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>012</u> | <b>1c</b> Effective date of plan<br><u>09/28/1960</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>23-0758010</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>302-299-4355</u> |  | <b>2d</b> Business code (see instructions)<br><u>488990</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>012</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>09/28/1960</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>23-0758010</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>302-299-4355</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>488990</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |

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

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

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 06/06/2023 | DEBRA MAHER                                                  |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 06/02/2023 | CATHLEEN OVCHAR                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 100 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO</u>                                                       | <b>B</b> Three-digit plan number (PN) ▶ <u>012</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AAA CLUB ALLIANCE INC</u>                                  | <b>D</b> Employer Identification Number (EIN)<br><u>23-0758010</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                              |
| <b>1</b> Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                                                                                                                       |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                       |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>6965214</u>                                                                                              |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>7082110</u>                                                                                              |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                       |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>72</u> (2) Vested Funding Target <u>4748641</u> (3) Total Funding Target <u>4748641</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>28</u> <u>407256</u> <u>405256</u>                                                                                 |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>0</u> <u>0</u> <u>0</u>                                                                                            |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>100</u> <u>5155897</u> <u>5153897</u>                                                                              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                       |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                             |
| <b>b</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..... | <b>4b</b>                                                                                                             |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.46</u> %                                                                                                |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                                       |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> <u>0</u>                                                                                                    |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> <u>0</u>                                                                                                    |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>0</u>                                                                                                    |

**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.

|                                                                                             |  |                                                               |
|---------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                            |  | <u>05/18/2023</u><br>Date                                     |
| Signature of actuary                                                                        |  | <u>23-05357</u><br>Most recent enrollment number              |
| <u>STEPHEN A. CATONE, ASA</u><br>Type or print name of actuary                              |  | <u>215-861-2333</u><br>Telephone number (including area code) |
| <u>KORN FERRY, INC</u><br>Firm name                                                         |  |                                                               |
| <u>1650 ARCH STREET, SUITE 2300</u><br><u>PHILADELPHIA, PA 19103</u><br>Address of the firm |  |                                                               |

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

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

**Schedule SB (Form 5500) 2021**  
**v. 201209**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             |                       | 1741086                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 1741086                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-0.60</u> % .....                                                                                |                       | -10447                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       |                        |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> % ..... |                       |                        |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 1730639                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 103.79 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 137.36 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 110.52 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             |                                   | <b>18(c)</b>                    |

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

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.36 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b****22** Weighted average retirement age .....**22**

67

**23** Mortality table(s) (see instructions) .....

Prescribed - combined



Prescribed - separate



Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 0**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 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**35** Balances elected for use to offset funding requirement ..... Carryover balance Prefunding balance Total balance 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****b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b****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****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

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022 |                                                             |     |
| <b>A</b> Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO               | <b>B</b> Three-digit plan number (PN) ▶                     | 012 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AAA CLUB ALLIANCE INC     | <b>D</b> Employer Identification Number (EIN)<br>23-0758010 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

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

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

DIETRICH & ASSOCIATES

1000 GERMANTOWN PIKE  
PLYMOUTH GREEN, SUITE K-1  
PLYMOUTH MEETING, PA 19462

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 53                            | NONE                                                                                                     | 30000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

KORN FERRY INC

1650 ARCH STREET, SUITE 2300  
PHILADELPHIA, PA 19103

41-0858903

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11                            | NONE                                                                                                     | 28610                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

TORRILLO & ASSOCIATES LLC

36 REGENCY PLAZZA  
GLEN MILLS, PA 19342

83-0414789

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10                            | NONE                                                                                                     | 21400                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 38                     | NONE                                                                                              | 0                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

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

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> 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)**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>09/01/2021</b> and ending <b>08/31/2022</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO</b>                      | <b>B</b> Three-digit plan number (PN) ►                            | <b>012</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AAA CLUB ALLIANCE INC</b>            | <b>D</b> Employer Identification Number (EIN)<br><b>23-0758010</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 623850                | 0               |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 35                    | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       | 0               |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 6342692               |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 6966577               | 0               |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |   |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |   |
|-----------------------------------------------------------|-----------|---------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 6966577 | 0 |
|-----------------------------------------------------------|-----------|---------|---|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 413        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 413       |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 14210     |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 14623     |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 100786     |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 6754818    |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 6855604   |
| 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)  | 82305      |           |
| (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)  |            | 82305     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 6937909   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -6923286  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | -43291    |
| (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** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **TORRILLO & ASSOCIATES LLC**

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

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                 | No                 | Amount  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------|
| <b>b</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.) .....                                                                                                    |                     |                    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>c</b> 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.) .....                                                                                                                                                                                                                                |                     |                    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>d</b> 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.) .....                                                                                                                                                                                                                     |                     |                    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                            | X                   |                    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                             |                     | X                  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>g</b> 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? .....                                                                                                                                                                                                                                          |                     |                    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>h</b> 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? .....                                                                                                                                                                                                                                |                     |                    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                      |                     |                    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                        | X                   |                    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                           | X                   |                    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                 | X                   |                    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                           | X                   |                    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                  |                     | X                  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                        |                     |                    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>n</b> 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. ....                                                                                                                                                                                                                            |                     |                    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year <u>43291</u> .                                                                                                                        |                     |                    |         |
| <b>5b</b> 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.)                                                                                                                                                                                                        |                     |                    |         |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                        | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |         |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>452142</u> . |                     |                    |         |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                       |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                 | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): _____<br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                      | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**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, 2022 and 2021  
And  
Supplemental Schedule  
for the Year Ended  
August 31, 2022**

**Torrillo &  
Associates** Certified Public Accountants

## **Retirement Plan for Employees of AAA Northwest Ohio Index**

---

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Page(s)</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Independent Auditor's Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 – 3          |
| <b>Financial Statements:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
| Statements of Net Assets in Liquidation                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4              |
| Statements of Changes in Net Assets in Liquidation                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5              |
| Notes to Financial Statements                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6 - 13         |
| <b>Supplemental Schedule:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |
| Schedule H, Line 4(j) – Schedule of Reportable Transactions                                                                                                                                                                                                                                                                                                                                                                                                                                | S.1            |
| <ul style="list-style-type: none"><li>• The supplemental schedule included is presented for purposes of additional analysis and is not a required part of the financial statements but are required by the Employee Retirement Income Security Act of 1974, as amended ("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.</li></ul> |                |

## INDEPENDENT AUDITOR'S REPORT

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

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements**

We have performed an audit of the accompanying financial statements of the Retirement Plan for Employees AAA Northwest Ohio, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets in liquidation as of August 31, 2022 and the related statement of changes in net assets in liquidation for the year ended August 31, 2022, and the related notes to the financial statements ("2022 Financial Statements").

Plan management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Plan management has obtained a certification from a qualified institution as of and for the year ended August 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion on the 2022 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2022 Financial Statements* section:

- the amounts and disclosures in the 2022 Financial Statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2022 Financial Statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the 2022 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2022 Financial Statements* section of our report. We are required to be independent of the Retirement Plan for Employees of AAA Northwest Ohio and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Emphasis of Matter—Plan Termination and Liquidation Basis of Accounting**

As discussed in Notes 1, 2, 5 and 9 to the financial statements, the Plan sponsor terminated the Retirement Plan for Employees of AAA Northwest Ohio effective February 15, 2021, and Plan management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis to the liquidation basis which is used in presenting the 2022 and 2021 financial statements. Our opinion is not modified with respect to that matter.

## **Responsibilities of Plan Management for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Plan management's election of the ERISA Section 103(a)(3)(C) audit does not affect Plan management's responsibility for the financial statements.

Plan management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the 2022 Financial Statements**

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the Retirement Plan for Employees of AAA Northwest Ohio. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Plan management, as well as evaluate the overall presentation of the financial statements.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**Other Matter—2022 Supplemental Schedule Required by ERISA**

The supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended August 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Other Matter—Auditor's Report on the 2021 Financial Statements**

We were engaged to audit the 2021 financial statements of the Retirement Plan for Employees of AAA Northwest Ohio. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated May 31, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Touiller & Associates, LLP*

May 30, 2023

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Statements of Net Assets in Liquidation**  
**As of August 31, 2022 and 2021**

|                            | <u>2022</u> | <u>2021</u>         |
|----------------------------|-------------|---------------------|
| <b>Assets:</b>             |             |                     |
| Investments, at fair value | \$ -        | \$ 6,342,692        |
| Receivables                |             |                     |
| Contributions receivable   | -           | 623,850             |
| Accrued income             | -           | 35                  |
| Total receivables          | <u>-</u>    | <u>623,885</u>      |
| Total assets               | <u>-</u>    | <u>6,966,577</u>    |
| Net assets in liquidation  | <u>\$ -</u> | <u>\$ 6,966,577</u> |

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

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Statements of Changes in Net Assets in Liquidation**  
**For the Years Ended August 31, 2022 and 2021**

|                                                                  | <u>2022</u>      | <u>2021</u>         |
|------------------------------------------------------------------|------------------|---------------------|
| <b>Additions:</b>                                                |                  |                     |
| Additions to net assets attributed to:                           |                  |                     |
| Investment income                                                |                  |                     |
| Interest                                                         | \$ 413           | \$ 1,963            |
| Net appreciation (depreciation) in fair value of investments     | 14,210           | (56,569)            |
| Investment income (loss)                                         | <u>14,623</u>    | <u>(54,606)</u>     |
| Employer contributions                                           | <u>-</u>         | <u>623,850</u>      |
| Total additions                                                  | 14,623           | 569,244             |
| <b>Deductions:</b>                                               |                  |                     |
| Deductions from net assets attributed to:                        |                  |                     |
| Benefits paid to participants                                    | 100,786          | 5,314,295           |
| Benefits paid to insurance carrier for the provision of benefits | 6,754,818        | -                   |
| Administrative expenses                                          | <u>82,305</u>    | <u>92,864</u>       |
| Total deductions                                                 | <u>6,937,909</u> | <u>5,407,159</u>    |
| Net (decrease)                                                   | (6,923,286)      | (4,837,915)         |
| Transfer to Plan sponsor                                         | (43,291)         | -                   |
| <b>Net assets in liquidation</b>                                 |                  |                     |
| Beginning of year                                                | <u>6,966,577</u> | <u>11,804,492</u>   |
| End of year                                                      | <u>\$ -</u>      | <u>\$ 6,966,577</u> |

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

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Notes to Financial Statements**  
**As of and for the Years Ended August 31, 2022 and 2021**

---

**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 Note 6). 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.

Active employees and deferred vested participants had the option to elect a lump sum distribution. In conjunction with the Plan termination (see Plan Termination and Retirement Benefits below), during the year ended August 31, 2021, the Plan issued lump sums to certain participants who were eligible and elected to receive such payments and to certain participants whose lump sum value was less than \$5,000. During the year ended August 31, 2021, the Plan disbursed \$4,859,281 of lump sum payments to 83 participants in full settlement of the benefits that they would have received pursuant to the Plan.

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

Wells Fargo Bank, N.A. (the “Custodian”) is the Plan’s custodian. Vanguard Fiduciary Trust Company is a paying agent for benefit payments.

**Plan Termination**

The Company had the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

The Company terminated the Plan effective February 15, 2021, the “Termination Date” (see Notes 2, 5 and 9). As part of the termination, all participants became fully vested in their accrued benefits, 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 termination did not impact the amount of benefits that participants were due under the Plan.

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Notes to Financial Statements**  
**As of and for the Years Ended August 31, 2022 and 2021**

---

During the year ended August 31, 2021, as part of the Plan termination, the Plan issued lump sum payments to certain participants who were eligible and elected to receive such payments (see above and Retirement Benefits below). All remaining participants in the Plan had their benefit converted to an annuity contract placed with an insurance company. The Plan paid \$6,820,000 to American United Life Insurance Company in September 2021 for the provision of benefit related to participants who did not elect a lump sum and therefore had their benefit converted to an annuity contract placed with an insurance company. Under this annuity contract, American United Life Insurance Company assumed the liability for the remaining deferred participants effective September 15, 2021 and became responsible for monthly benefit payments to participants effective with the participants' December 1, 2021 monthly benefit payment. The Plan was no longer obligated to pay any benefits to these participants after December 1, 2021. During February 2022, the Plan received a refund from American United Life Insurance Company of \$65,182 for reimbursements of benefit payments on behalf of the insurance company after September 15, 2021 and this amount was recorded as an offset to the benefits paid to insurance carrier for the provision of benefits in the accompanying statement of change in net assets in liquidation for the year ended August 31, 2022.

After the completion of these settlement transactions, the Plan had remaining assets. During August 2022, the Plan transferred the remaining balance of \$43,291 to the Plan sponsor. After this transaction, the Plan had no assets. The Plan sponsor does believe that a *Form 5330 Return of Excise Taxes Related to Employee Benefit Plan* is required to be filed.

The Plan sponsor filed a Form 501, Post Distribution Certificate, with the Pension Benefit Guarantee Corporation ("PBGC"). The PBGC may audit a sample of plans terminating and the Plan sponsor is required by law to maintain and preserve Plan records relating to the termination for six years after the Form 501 is filed with the PBGC. Plan management believes that it has fully fund the Plan on a termination basis and all benefit payments have been or will be made to participants or transferred to American United Life Insurance Company, and therefore no additional fundings are required. However, Plan management expects to work with the PBGC and the IRS if any additional actions are necessary related to the Plan termination.

**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 2022 and 2021 plan years.

**Vesting**

As a result of the Plan being frozen, participants became fully vested. Prior to the Plan being frozen, participants became 100% vested upon completion of five years of credited service, as defined. If a participant terminated before completing five years of service, the right to receive accumulated benefits was forfeited, unless the participant had reached the early retirement age of 60 or termination of employment was attributable to death or disability.

**Retirement Benefits**

Participants are entitled to monthly pension payments beginning at normal retirement (the later of attaining age 65 or the completion of 5 years of service in the Plan), in the amount equal to the sum of 1.30% of Plan compensation plus 0.65% of Plan compensation in excess of covered compensation multiplied by the number of years of credited service. Plan compensation is defined by the Plan document as the monthly average of the highest 5 consecutive annual compensation amounts. Covered compensation is defined by the Plan document as the monthly average of the social security taxable wage bases in the 35 consecutive calendar years that end with the year the employee attains social security retirement age. A year of service is credited to a participant for each Plan year the participant completes 1,000 hours of service after attaining the age of 21. Years of credited service

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Notes to Financial Statements**  
**As of and for the Years Ended August 31, 2022 and 2021**

---

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.

During 2020, 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, distributed approximately \$2.5 million in December 2020 to these participants in full settlement of the benefits they would have received pursuant to the Plan.

Under the termination process, during 2021, the Plan provided for another limited-time distribution window for all remaining participants (or their surviving spouse) not in pay status. Approximately 38 participants accepted this offer, and the Plan distributed approximately \$2.3 million to these participants in full settlement of the benefits they would have received pursuant to the Plan.

**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**

The significant accounting policies of the Plan are as follows:

**Basis of Accounting**

Effective February 15, 2021, the Plan Sponsor elected to terminate the Plan (see Notes 1, 5 and 9), and Plan management determined liquidation was imminent. Accordingly, the accompanying financial statements as of and for the years ended August 31, 2022 and 2021 are prepared on the liquidation basis of accounting.

**Adjustment to the Liquidation Basis**

Under the liquidation basis of accounting, an entity accrues costs and income that it expects to incur or earn through the end of its liquidation if and when it has a reasonable basis for the estimation. Adjustment to the liquidation basis can include estimated contributions, payments to participants upon liquidation, fees that will be incurred, interest expected to be earned on interest-bearing investments held as of the statement of net assets date as a result of the Plan's termination, as well as estimated premiums paid or refunds from insurance carriers for the provision of benefits, legal fees, actuary fees, and audit fees. As of August 31, 2021, the Plan did not believe it has a reasonable basis to accrue costs, income or estimated payments to participants upon liquidation and no such adjustments were recorded in connection with the Plan's adoption of the liquidation basis of accounting during the year ended August 31, 2021. Based upon the information and events described in Note 1, the Plan has recorded in the statement of net assets in liquidation as of August 31, 2022 and the statement of changes in net

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Notes to Financial Statements**  
**As of and for the Years Ended August 31, 2022 and 2021**

---

assets in liquidation for the year ended August 31, 2022, the estimated effects of the Plan termination and the settlement through liquidation.

**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**

The Plan's expenses are paid either by the Plan or by the Company, as provided in the Plan document. Expenses that are paid by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets in liquidations. In addition, certain investment related expenses are included in the net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets in liquidation.

**Subsequent Events**

The Plan has evaluated subsequent events through May 30, 2023, the date the financial statements were available to be issued.

**3. Information Certified by a Qualified Institution**

The Plan administrator having determined that it is permissible in the circumstances elected to have the audits of the Plan performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 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 ERISA-required supplemental schedule of reportable transactions, was obtained or derived from information obtained by the Plan administrator and certified as complete and accurate by Principal Bank, a qualified institution, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- Investments, at fair value, and accrued income as shown in the statements of net assets in liquidation as of August 31, 2022 and 2021.
- Interest, and net appreciation (depreciation) in fair value of investments, as shown in the statements of changes in net assets in liquidation for the years ended August 31, 2022 and 2021.
- The information listed in the schedule of reportable transactions for the year ended August 31, 2022, as shown in the ERISA-required supplemental schedule.

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Notes to Financial Statements**  
**As of and for the Years Ended August 31, 2022 and 2021**

---

**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 as of August 31, 2022 and 2021.

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Collective investment trusts:</i> | 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. All investments of the Plan are valued using the net asset value per share as a practical expedient.

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, 2022 and 2021.

| <u>Investment Type</u>       | <u>Fair Value, as of August 31</u> |              | <u>Unfunded</u>    | <u>Redemption</u> | <u>Redemption</u>    |
|------------------------------|------------------------------------|--------------|--------------------|-------------------|----------------------|
|                              | <u>2022</u>                        | <u>2021</u>  | <u>Commitments</u> | <u>Frequency</u>  | <u>Notice Period</u> |
| Collective investment trusts | \$ -                               | \$ 6,342,692 | \$ -               | 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

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Notes to Financial Statements**  
**As of and for the Years Ended August 31, 2022 and 2021**

---

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.

As of August 31, 2022, there are no remaining accumulated plan benefits due to distributions upon Plan termination during the Plan year.

The actuarial present value of accumulated plan benefits in liquidation, as of September 1, 2021, is as follows:

|                                                            | <b>2021</b>         |
|------------------------------------------------------------|---------------------|
| Vested Benefits                                            |                     |
| Participants currently receiving benefits                  | \$ 6,029,203        |
| Active and terminated vested participants                  | <u>782,755</u>      |
| Total vested benefits                                      | 6,811,958           |
| Nonvested benefits                                         | <u>-</u>            |
| Total actuarial present value of accumulated plan benefits | <u>\$ 6,811,958</u> |

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Notes to Financial Statements**  
**As of and for the Years Ended August 31, 2022 and 2021**

---

The changes in the actuarial present value of accumulated plan benefits in liquidation for the years ended September 1, 2022 and 2021 are as follows:

|                                                                           | 2022               | 2021                |
|---------------------------------------------------------------------------|--------------------|---------------------|
| Actuarial present value of accumulated plan benefits, beginning of period | \$ 6,811,958       | \$10,173,668        |
| Increase (decrease) during the year attributed to:                        |                    |                     |
| Benefits paid                                                             | (6,855,604)        | (5,314,295)         |
| Decrease in the discount period                                           | 21,004             | 276,393             |
| Assumption changes                                                        | -                  | (40,692)            |
| Actuarial (gains)/losses                                                  | 22,642             | 1,716,884           |
| Net increase (decrease)                                                   | <u>(6,811,958)</u> | <u>(3,361,710)</u>  |
| Actuarial present value of accumulated plan benefits, end of period       | <u>\$ -</u>        | <u>\$ 6,811,958</u> |

As of August 31, 2022, there are no significant methods and assumptions used to determine the actuarial present value of accumulated plan benefits in liquidation due to distributions upon Plan termination during the Plan year.

The significant methods and assumptions used to determine the actuarial present value of accumulated plan benefits in liquidation as of September 1, 2021 are as follows:

|                                 | 2021                                                                      |
|---------------------------------|---------------------------------------------------------------------------|
| Mortality                       | PRI-2012 Amount Weighted Mortality Table and projected with Scale MP-2021 |
| Discount Rate                   | 3.70%                                                                     |
| Weighted Average Retirement Age | Age 67                                                                    |

## **6. Tax Status**

As part of the Plan termination, the Plan applied for and received a favorable final determination letter from the Internal Revenue Service ("IRS") dated December 14, 2021, stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Through the adoption of a FIS Business Systems LLC volume submitter defined benefit plan, the Plan was amended and restated effective September 1, 2019. The 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. The Plan administrator believes that the Plan is 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, 2022, 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 August 31, 2019.

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Notes to Financial Statements**  
**As of and for the Years Ended August 31, 2022 and 2021**

---

**7. Risks and Uncertainties**

The Plan invested 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 was at least reasonably possible that changes in the values of investment securities would occur in the near term and that such changes could have materially affected the amounts reported in the statements of net assets in liquidation.

Plan contributions were 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 were subject to change. Due to uncertainties inherent in the estimations and assumptions process, it was at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

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

Investments were held by Principal Bank (the “Custodian”). The Plan’s benefit payment services were handled by The Vanguard Group, Inc. (“Vanguard”). These transactions qualify as party-in-interest transactions. During 2022, the Plan reimbursed the Plan Sponsor \$82,305 for certain costs of administering the Plan and transferred \$43,291 to the Plan Sponsor. During 2021, the Plan reimbursed the Plan sponsor \$92,864 for certain costs of administering the Plan. Therefore, transactions pertaining to these investments and costs qualify as party-in-interest transactions and are exempt from the prohibited transaction rules.

**9. Plan Amendments**

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 expenses.

## **SUPPLEMENTAL SCHEDULE**

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**For the Year Ended August 31, 2022**

**EIN: 23-0758010 Plan #012**

| <u>Description of Assets</u>                                                                 | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain (Loss)</u> |
|----------------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------|------------------------|
| <u>Category (i) – Single Transactions in a Security Issue Aggregating 5% of Plan Assets:</u> |                       |                      |                      |                                                   |                        |
| *Principal Multi-Manager Liability Driven Colution CIT II                                    | \$ -                  | \$ 1,067,342         | \$ 855,208           | \$ 1,067,342                                      | \$ 212,134             |
| *Principal Multi-Manager Liability Driven Colution CIT I                                     | -                     | 4,846,576            | 4,607,449            | 4,846,576                                         | 239,127                |
| * Wells Fargo BlackRock Short-Term Investment Fund                                           | 5,913,918             | -                    | 5,913,918            | 5,913,918                                         | -                      |
| * Wells Fargo BlackRock Short-Term Investment Fund                                           | 623,850               | -                    | 623,850              | 623,850                                           | -                      |
| * Wells Fargo BlackRock Short-Term Investment Fund                                           | 6,820,000             | -                    | 6,820,000            | 6,820,000                                         | -                      |
| <u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>                |                       |                      |                      |                                                   |                        |
| * Wells Fargo BlackRock Short-Term Investment Fund                                           |                       |                      |                      |                                                   |                        |
| 8 Purchases                                                                                  | \$ 6,537,876          | \$ -                 | \$ 6,537,876         | \$ 6,537,876                                      | \$ -                   |
| 8 Sales                                                                                      | -                     | 6,980,862            | 6,980,862            | 6,980,862                                         | -                      |
| * Principal Multi-Manager Liability Driven Solution CIT I                                    |                       |                      |                      |                                                   |                        |
| 1 Sale                                                                                       | -                     | 4,846,576            | 4,607,449            | 4,846,576                                         | 239,127                |
| * Principal Multi-Manager Liability Driven Solution CIT II                                   |                       |                      |                      |                                                   |                        |
| 1 Sale                                                                                       | -                     | 1,067,342            | 855,208              | 1,067,342                                         | 212,134                |

\* Denotes party-in-interest

There were no category (ii) or (iv) reportable transactions during the year ended August 31, 2022.

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 Principal Bank, a qualified institution.

## Funding Assumptions and Methods

### Funding Interest Rates

|                      | 2021/22              |                        | 2020/21              |                        |
|----------------------|----------------------|------------------------|----------------------|------------------------|
|                      | 24-month<br>Average* | Constrained<br>Rates** | 24-month<br>Average* | Constrained<br>Rates** |
| Segment Rate 1       | 1.07%                | 4.75%                  | 2.22%                | 3.64%                  |
| Segment Rate 2       | 2.68%                | 5.36%                  | 3.38%                | 2.21%                  |
| Segment Rate 3       | 3.36%                | 6.11%                  | 3.92%                | 5.94%                  |
| Effective Rate (EIR) | 2.75%                | 5.46%                  | 3.57%                | 5.39%                  |

\*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

| Interest Rate Method | 2021/22     | 2020/21     |
|----------------------|-------------|-------------|
|                      | Alternative | Alternative |
| Segment Rate 1       | 1.07%       | 2.22%       |
| Segment Rate 2       | 2.68%       | 3.38%       |
| Segment Rate 3       | 3.36%       | 3.92%       |
| Effective Rate (EIR) | 2.75%       | 3.57%       |

### Mortality

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

### Rates of Turnover

Based on age and length of service as follows:

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

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

**Rates of Retirement**

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

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

**Rates of Disability**

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

**Spouses**

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

**Asset Method**

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

ASC 960/715: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan/fiscal 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  $1/156^{\text{th}}$  for the first 36 months and by  $1/288^{\text{th}}$  for each of the next 24 months by which early retirement precedes NRD.

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

**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.

**Plan Termination**

The Plan terminated with a Plan termination date of February 15, 2021. Lump sum were paid in August of 2021, prior to this valuation date. Remaining annuities were settled in September, 2021.

## Shortfall Amortization Charges for 2021/22

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

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

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

=

$$(7,082,110 - 1,730,639) / 5,155,897 = 103.79\%$$

Since the funding percentage of 103.79% is greater than (or equal to) 100% for plan year 2021/22, SAC is not needed for 2021/22.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2021 or fiscal plan year beginning <u>09/01/2021</u> and ending <u>08/31/2022</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |

► **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.

|                                                                                                                                                         |                                                                                                                                                                                                                                                                         |                                         |     |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|--|--|
| <b>A</b> Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF AAA NORTHWEST OHIO                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">012</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ► | 012 |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                 | 012                                                                                                                                                                                                                                                                     |                                         |     |  |  |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                         |                                         |     |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>AAA CLUB ALLIANCE                                                           | <b>D</b> Employer Identification Number (EIN)<br><br>23-0758010                                                                                                                                                                                                         |                                         |     |  |  |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                                                                                                                                                                                                                         |                                         |     |  |  |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |                                                                                                                                                                                                                                                                         |                                         |     |  |  |

|                                                                                                                                                                                                          |                            |                           |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|--|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |  |
| <b>1</b> Enter the valuation date: Month <u>9</u> Day <u>1</u> Year <u>2021</u>                                                                                                                          |                            |                           |                          |  |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |  |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 6,966,577                 |                          |  |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 7,082,110                 |                          |  |
| <b>3</b> 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 .....                                                                                                                                     | 72                         | 4,748,641                 | 4,748,641                |  |
| b For terminated vested participants .....                                                                                                                                                               | 28                         | 407,256                   | 407,256                  |  |
| c For active participants .....                                                                                                                                                                          | 0                          | 0                         | 0                        |  |
| d Total .....                                                                                                                                                                                            | 100                        | 5,155,897                 | 5,155,897                |  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                    |                            |                           |                          |  |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |  |
| 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 ..... | <b>4b</b>                  |                           |                          |  |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 5.46 %                    |                          |  |
| <b>6</b> Target normal cost .....                                                                                                                                                                        |                            |                           |                          |  |
| a Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b>                  | 0                         |                          |  |
| b Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | 0                         |                          |  |
| c Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b>                  | 0                         |                          |  |

**Statement by Enrolled Actuary**

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

|                  |                                                                                                 |                                                                 |
|------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of actuary                                                                        | <u>05/18/2023</u><br>Date                                       |
|                  | <u>STEPHEN A. CATONE, ASA</u><br>Type or print name of actuary                                  | <u>23-05357</u><br>Most recent enrollment number                |
|                  | <u>KORN FERRY, INC</u><br>Firm name                                                             | <u>(215) 861-2333</u><br>Telephone number (including area code) |
|                  | <u>1650 ARCH STREET, SUITE 2300</u><br><u>PHILADELPHIA PA 19103-2029</u><br>Address of the firm |                                                                 |

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

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

**Schedule SB (Form 5500) 2021**  
v. 210624

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 1,741,086              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 1,741,086              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-0.60</u> % .....                                                                                | 0                     | -10447                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> % ..... |                       |                        |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                                                         | 0                     | 1730639                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 103.79% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 137.36% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 110.52% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls**

| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                   |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 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**

|                                                                                                                                                                                              |                        |                        |                                                     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|----|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |    |
| <b>a</b> Segment rates:                                                                                                                                                                      |                        |                        |                                                     |    |
| 1st segment:<br>4.75 %                                                                                                                                                                       | 2nd segment:<br>5.36 % | 3rd segment:<br>6.11 % | <input type="checkbox"/> N/A, full yield curve used |    |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b>                                          | 0  |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b>                                           | 67 |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |    |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b> |                                                                     |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

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

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

## Shortfall Amortization Charges for 2021/22

Schedule C 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.

$$\begin{aligned} & (\text{Assets} - \text{Prefunding Balance}) / \text{Funding Target} \\ & = \\ & (7,082,110 - 1,730,639) / 5,155,897 = 103.79\% \end{aligned}$$

Since the funding percentage of 103.79% is greater than (or equal to) 100% for plan year 2021/22, SAC is not needed for 2021/22.

## Funding Assumptions and Methods

### Funding Interest Rates

|                      | 2021/22              |                        | 2020/21              |                        |
|----------------------|----------------------|------------------------|----------------------|------------------------|
|                      | 24-month<br>Average* | Constrained<br>Rates** | 24-month<br>Average* | Constrained<br>Rates** |
| Segment Rate 1       | 1.07%                | 4.75%                  | 2.22%                | 3.64%                  |
| Segment Rate 2       | 2.68%                | 5.36%                  | 3.38%                | 2.21%                  |
| Segment Rate 3       | 3.36%                | 6.11%                  | 3.92%                | 5.94%                  |
| Effective Rate (EIR) | 2.75%                | 5.46%                  | 3.57%                | 5.39%                  |

\*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

| Interest Rate Method | 2021/22     | 2020/21     |
|----------------------|-------------|-------------|
|                      | Alternative | Alternative |
| Segment Rate 1       | 1.07%       | 2.22%       |
| Segment Rate 2       | 2.68%       | 3.38%       |
| Segment Rate 3       | 3.36%       | 3.92%       |
| Effective Rate (EIR) | 2.75%       | 3.57%       |

### Mortality

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

### Rates of Turnover

Based on age and length of service as follows:

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

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

**Rates of Retirement**

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

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

**Rates of Disability**

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

**Spouses**

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

**Asset Method**

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

ASC 960/715: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan/fiscal 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 1/156<sup>th</sup> for the first 36 months and by 1/288<sup>th</sup> for each of the next 24 months by which early retirement precedes NRD.

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

**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.

**Plan Termination**

The Plan terminated with a Plan termination date of February 15, 2021. Lump sum were paid in August of 2021, prior to this valuation date. Remaining annuities were settled in September, 2021.

**Retirement Plan for Employees of AAA Northwest Ohio**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**For the Year Ended August 31, 2022**

**EIN: 23-0758010 Plan #012**

| <u>Description of Assets</u>                                                                 | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain (Loss)</u> |
|----------------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------|------------------------|
| <u>Category (i) – Single Transactions in a Security Issue Aggregating 5% of Plan Assets:</u> |                       |                      |                      |                                                   |                        |
| *Principal Multi-Manager Liability Driven Colution CIT II                                    | \$ -                  | \$ 1,067,342         | \$ 855,208           | \$ 1,067,342                                      | \$ 212,134             |
| *Principal Multi-Manager Liability Driven Colution CIT I                                     | -                     | 4,846,576            | 4,607,449            | 4,846,576                                         | 239,127                |
| * Wells Fargo BlackRock Short-Term Investment Fund                                           | 5,913,918             | -                    | 5,913,918            | 5,913,918                                         | -                      |
| * Wells Fargo BlackRock Short-Term Investment Fund                                           | 623,850               | -                    | 623,850              | 623,850                                           | -                      |
| * Wells Fargo BlackRock Short-Term Investment Fund                                           | 6,820,000             | -                    | 6,820,000            | 6,820,000                                         | -                      |
| <u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>                |                       |                      |                      |                                                   |                        |
| * Wells Fargo BlackRock Short-Term Investment Fund                                           |                       |                      |                      |                                                   |                        |
| 8 Purchases                                                                                  | \$ 6,537,876          | \$ -                 | \$ 6,537,876         | \$ 6,537,876                                      | \$ -                   |
| 8 Sales                                                                                      | -                     | 6,980,862            | 6,980,862            | 6,980,862                                         | -                      |
| * Principal Multi-Manager Liability Driven Solution CIT I                                    |                       |                      |                      |                                                   |                        |
| 1 Sale                                                                                       | -                     | 4,846,576            | 4,607,449            | 4,846,576                                         | 239,127                |
| * Principal Multi-Manager Liability Driven Solution CIT II                                   |                       |                      |                      |                                                   |                        |
| 1 Sale                                                                                       | -                     | 1,067,342            | 855,208              | 1,067,342                                         | 212,134                |

\* Denotes party-in-interest

There were no category (ii) or (iv) reportable transactions during the year ended August 31, 2022.

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 Principal Bank, a qualified institution.