# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
KTH PARTS INDUSTRIES, INC. 401(K) SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 04/01/1988

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

KTH PARTS INDUSTRIES, INC.

1111 NORTH STATE ROUTE 235
P.O. BOX 940
ST. PARIS, OH 43072

**2b** Employer Identification Number (EIN)
34-1441988

**2c** Sponsor's telephone number
937-663-5941

**2d** Business code (see instructions)
336300

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2014 | ART LIMING |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2014 | ANDREW DONAHOE |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 925 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 873 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 50 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 924 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 924 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 698 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

| | | |
|---|---|---|
| **(1)** | [X] | **H** (Financial Information) |
| **(2)** | [ ] | **I** (Financial Information – Small Plan) |
| **(3)** | [ ] | **A** (Insurance Information) |
| **(4)** | [X] | **C** (Service Provider Information) |
| **(5)** | [X] | **D** (DFE/Participating Plan Information) |
| **(6)** | [ ] | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

| | |
|---|---|
| **A** Name of plan<br>KTH PARTS INDUSTRIES, INC. 401(K) SAVINGS PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>KTH PARTS INDUSTRIES, INC. | **D** Employer Identification Number (EIN)<br>34-1441988 |

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 52 59 60 62 63 72 | RECORDKEEPER | 19175 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [ ] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

**2013**

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

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
KTH PARTS INDUSTRIES, INC. 401(K) SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
KTH PARTS INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
34-1441988

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED CAPITAL PRES CL ISP

**b** Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

| **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) |
|---|---|---|
| 22-2712853-001 | C | 10960915 |

**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) |
|---|---|---|

**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 |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
KTH PARTS INDUSTRIES, INC. 401(K) SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
KTH PARTS INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
34-1441988

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 100 | 100 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 16115 | 0 |
| **(2)** Participant contributions | 1b(2) | 28665 | 0 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 11361 | 363 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 2271953 | 2338280 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 11008185 | 10960915 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 27343679 | 33686464 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 40680058 | 46986122 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 40680058 | 46986122 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 899217 | |
| **(B)** Participants | 2a(1)(B) | 1657058 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 53825 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2610100 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 96288 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 96288 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1643538 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1643538 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -61444 |
| (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) | | 4552390 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 8840872 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2432272 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 2432272 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 83361 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 19175 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 19175 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2534808 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 6306064 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

**(1)** Name: BATTELLE RIPPE KINGSTON LLP **(2)** EIN: 31-0210560

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 10000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2013**

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

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
KTH PARTS INDUSTRIES, INC. 401(K) SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
KTH PARTS INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
34-1441988

## Part I Distributions

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

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

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

EIN(s): 94-1687665 _____

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

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

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

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

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

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

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

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# KTH PARTS INDUSTRIES, INC.

# 401(k) SAVINGS PLAN

# FINANCIAL STATEMENTS

# DECEMBER 31, 2013

Battelle Rippe Kingston

# INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Trustees
KTH Parts Industries, Inc. 401(k) Savings Plan
St. Paris, Ohio

***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the KTH Parts Industries, Inc. 401(k) Savings Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditors' Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's assets and executes transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedule of assets (held at end of year) as of December 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. This supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

***Report on Form and Content in Compliance With DOL Rules and Regulations***

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Battelle Rippe Kimpton LLP

Dayton, Ohio
October 8, 2014

**KTH PARTS INDUSTRIES, INC. 401(k) SAVINGS PLAN**

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

| | *December 31* | |
|---|---|---|
| | ***2013*** | ***2012*** |
| **ASSETS** | | |
| Participant directed investments, at fair value: | | |
| Common / collective trust | $ 10,960,915 | $ 11,008,185 |
| Mutual funds | 33,686,464 | 27,343,679 |
| Total investments | 44,647,379 | 38,351,864 |
| Cash | - | 10,998 |
| Receivables: | | |
| Participant contributions | - | 28,665 |
| Employer contributions | - | 16,115 |
| Notes receivable from participants | 2,338,280 | 2,271,953 |
| Sale pending settlement | 100 | 100 |
| Accrued investment income | 363 | 363 |
| Total receivables | 2,338,743 | 2,317,196 |
| Total assets | 46,986,122 | 40,680,058 |
| **LIABILITIES** | - | - |
| **NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE** | 46,986,122 | 40,680,058 |
| **ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS** | (31,176) | (190,143) |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 46,954,946 | $ 40,489,915 |

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

**KTH PARTS INDUSTRIES, INC. 401(k) SAVINGS PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEAR ENDED DECEMBER 31, 2013**

| | |
|---|---|
| Investment income: | |
| Dividend income | $ 1,741,061 |
| Net appreciation in fair value of investments | 4,552,390 |
| Total investment income | 6,293,451 |
| Interest income on notes receivable from participants | 96,288 |
| Contributions: | |
| Participant | 1,710,883 |
| Employer | 899,217 |
| Total contributions | 2,610,100 |
| Total | 8,999,839 |
| Deductions from net assets attributable to: | |
| Benefit payments directly to participants | 2,515,633 |
| Administrative expense | 19,175 |
| Total deductions | 2,534,808 |
| Net increase | 6,465,031 |
| **NET ASSETS AVAILABLE FOR BENEFITS:** | |
| Beginning of year | 40,489,915 |
| End of year | $ 46,954,946 |

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

**KTH PARTS INDUSTRIES, INC. 401(k) SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2013**

## NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the KTH Parts Industries, Inc. (the Employer and Plan sponsor) 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering substantially all full-time associates (other than Japanese national associates) of the Employer who have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

### Contributions

Participants may contribute from 1% to 20% of their annual salary. The Employer makes a matching contribution equal to 100% of the first 3% and 50% of the next 2% of annual compensation contributed by the Plan Participants. Contributions are subject to certain limitations.

### Participant Accounts

Each participant's account is credited with the participant's contribution; the Employer's matching contribution, and an allocation of Plan earnings. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Vesting

Participants are immediately vested in their contributions and Employer matching contributions, plus earnings thereon.

### Payment of Benefits

On termination of service due to retirement, disability, or death, a participant will become fully vested. Distributions are made in a lump sum, in installments not to exceed 10 years, or through the purchase of a joint and survivor annuity for the participant.

A participant's beneficiary will receive the participant's account balance in the event of a participant's death. Participants may withdraw their vested interest in the Plan under certain hardship conditions as defined in the Plan. Such financial hardship withdrawals are subject to approval of the Administrative Committee. Terminated participants will be paid their vested interest in the Plan.

### Notes Receivable from Participants

Loans to participants are treated as a separate fund. Interest charged to participants is reviewed by the Administrative Committee and is based upon prevailing interest rates for similar loans in the surrounding community. Loans may not exceed the lesser of $50,000 or 50% of a participant's vested account balance, and the repayment period shall not exceed five years. Each loan is collateralized by the remaining balance in the participant's account. Interest rates on participant loans ranged from 4.25% to 10.5% as of December 31, 2013 and 2012.

**NOTE 1 – DESCRIPTION OF THE PLAN** (CONTINUED)

**Forfeited Accounts**

Forfeited, non-vested accounts totaled $406 and $4,285 at December 31, 2013 and 2012, respectively. These amounts are periodically used to reduce future Employer matching contributions. During 2013, $14,285 of forfeitures were used to reduce Employer matching contributions.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation**

The accompanying financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

**Contributions**

Participant contributions are recognized when withheld. Employer matching contributions are recognized concurrently with participant contributions.

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

A significant portion of the Plan's administrative expenses are paid by the Employer.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts and disclosures reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

**Investments**

The Plan's participant directed investments are stated 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.

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

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (CONTINUED)

**Investments** (Continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012 presents the fair value of the Plan's investment contract as well as the adjustment of the investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract-value basis for the year ended December 31, 2013.

**Subsequent Events**

The Plan administrator has evaluated subsequent events through October 8, 2014, the date the financial statements were available to be issued.

**NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE**

The information related to investments and notes receivable from participants that is included throughout the Plan's financial statements and supplemental schedule as of December 31, 2013 and 2012 and for the year ended December 31, 2013 was prepared by or derived from information provided by the trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that information provided to the Plan administrator by the trustee related to these plan assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in Notes 6 and 7 and supplemental schedule related to the Plan's assets.

Bank of America, N.A. also certified to the completeness and accuracy of $4,552,390 of net appreciation in fair value of investments and $1,741,061 of dividends related to investments and $96,288 of interest income from notes receivable from participants for the year ended December 31, 2013.

**NOTE 4 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become fully vested in their accounts.

**NOTE 5 – INCOME TAX STATUS**

The Plan adopted a standardized form of a prototype plan sponsored by the Plan's Trustee. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

The Plan administrator evaluated the Plan's tax positions and concluded that there are no uncertain tax positions that require recognition or disclosure in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by tax authorities for years before 2010.

**NOTE 6 – INVESTMENTS**

During the plan year ended December 31, 2013, the Plan's investments in mutual funds (including investments bought, sold, as well as held, during the year) appreciated in fair value by $4,552,390.

The fair values of individual investments that represent 5% or more of the Plan's net assets as of December 31 are as follows:

| | ***2013*** | ***2012*** |
|---|---|---|
| Blackrock Large Cap Value Fund Class A | $ 2,996,045 | $ 2,314,420 |
| Federated Capital Preservation Trust | 10,960,915 | 11,008,185 |
| Blackrock Balanced Capital Fund Class A | 4,155,017 | 3,612,601 |
| Blackrock Global Allocation Fund Class A | 3,764,496 | 3,139,563 |
| Blackrock Pacific Fund Class A | 2,584,132 | 2,034,166 |
| MFS Government Securities Fund | 4,056,059 | 3,852,192 |
| MFS Emerging Growth Fund Class A | 3,845,466 | 2,781,779 |
| American Growth Fund of America | 2,508,350 | * |

* This investment did not represent 5% or more of the Plan's net assets.

**NOTE 7 – FAIR VALUE MEASUREMENTS**

The Plan has determined the fair value of certain assets through application of accounting guidance that establishes a framework for measuring fair values. That framework 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 under this standard are described below:

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.

**NOTE 7 – FAIR VALUE MEASUREMENTS** (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

*Mutual funds*: Valued at the closing price reported on the active market on which the individual securities are traded.

*Common / collective trust:* Valued at the net asset value ("NAV") of shares held by the Plan at year end, as reported to the Plan by the trustee. A fund's NAV reflects an exit price, is the same for all holders of the fund, and provides the basis for current transactions.

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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

***Assets Measured at Fair Value on a Recurring Basis***

The following table summarizes assets measured at fair value on a recurring basis as of December 31, 2013 and 2012, segregated by the level of the valuation inputs with the fair value hierarchy utilized to measure fair value.

| *At December 31, 2013* | *Total* | *Quoted Prices In Active Markets for Identical Assets (Level 1)* | *Significant Other Observable Inputs (Level 2)* | *Significant Unobservable Inputs (Level 3)* |
|---|---|---|---|---|
| Mutual funds: | | | | |
| Blended funds | $ 10,503,645 | $ 10,503,645 | $ - | $ - |
| Value funds | 9,757,379 | 9,757,379 | | |
| Growth funds | 7,657,930 | 7,657,930 | | |
| Bond funds | 4,056,059 | 4,056,059 | | |
| Index funds | 1,711,451 | 1,711,451 | | |
| Total mutual funds | 33,686,464 | 33,686,464 | | |
| Common / collective trust | 10,960,915 | | 10,960,915 | - |
| Total investments | $ 44,647,379 | $ 33,686,464 | $ 10,960,915 | $ - |
| ***At December 31, 2012*** | | | | |
| Mutual funds: | | | | |
| Blended funds | $ 8,786,330 | $ 8,786,330 | $ - | $ - |
| Value funds | 7,506,327 | 7,506,327 | | |
| Growth funds | 5,965,193 | 5,965,193 | | |
| Bond funds | 3,852,192 | 3,852,192 | | |
| Index funds | 1,233,637 | 1,233,637 | | |
| Total mutual funds | 27,343,679 | 27,343,679 | | |
| Common / collective trust | 11,008,185 | | 11,008,185 | |
| Total investments | $ 38,351,864 | $ 27,343,679 | $ 11,008,185 | $ - |

## NOTE 8 – RELATED-PARTY TRANSACTIONS

Fees paid by the Plan for trustee services amounted to $19,175 for the year ended December 31, 2013.

## NOTE 9 – RISKS AND UNCERTAINTIES

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

## NOTE 10 – BENEFIT OBLIGATIONS

As of December 31, 2012, there were $10,998 in benefit obligations payable to participants who had withdrawn from the plan. There were no benefit obligations payable to participants as of December 31, 2013.

## NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

| | ***2012*** | ***2013*** |
|---|---|---|
| Net assets available for benefits per financial statements | $ 40,489,915 | $ 46,954,946 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | 190,143 | 31,176 |
| Net assets available for benefits per Form 5500 | $ 40,680,058 | $ 46,986,122 |

The following is a reconciliation of the net increase per the financial statements to the net income per the Form 5500 for the year ended December 31, 2013:

| | |
|---|---|
| Net increase per financial statements | $ 6,465,031 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (158,967) |
| Net income per Form 5500 | $ 6,306,064 |

**KTH PARTS INDUSTRIES, INC. 401(k) SAVINGS PLAN**

**EMPLOYER IDENTIFICATION NUMBER 34-1441988**

**PLAN NUMBER 001**

**SCHEDULE H, PART IV, 4i**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2013**

| *(a)* | *(b) Identity of Issue* | *( c ) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | **PARTICIPANT DIRECTED COMMON / COLLECTIVE TRUST** | | | |
| | Federated Capital Preservation Trust | 1,092,974 units | ** | $ 10,960,915 |
| | **PARTICIPANT DIRECTED MUTUAL FUNDS** | | | |
| | BlackRock Large Cap Value Fund Class A | 145,439 units | ** | 2,996,045 |
| | American Growth Fund of America | 59,173 units | ** | 2,508,350 |
| | BlackRock Balanced Capital Fund Class A | 168,287 units | ** | 4,155,017 |
| | BlackRock Global Allocation Fund Class A | 176,488 units | ** | 3,764,496 |
| | BlackRock Natural Resource Fund Class A | 6,638 units | ** | 448,953 |
| | BlackRock Pacific Fund Class A | 136,727 units | ** | 2,584,132 |
| | BlackRock S&P500 Index Fund Class I | 7,710 units | ** | 1,711,451 |
| | Prudential Jennison Small Company Fund Class A | 31,256 units | ** | 855,161 |
| | MFS Government Securities Fund | 408,877 units | ** | 4,056,059 |
| | Invesco Growth & Income Fund Class A | 84,795 units | ** | 2,291,168 |
| | MFS Emerging Growth Fund Class A | 58,790 units | ** | 3,845,466 |
| | Perkins Small Cap Value Fund Class A | 38,593 units | ** | 991,450 |
| | Perkins Mid Cap Value Fund Class A | 53,721 units | ** | 1,254,393 |
| | The Oakmark International Fund Class II | 84,032 units | ** | 2,224,323 |
| | Total participant directed mutual funds | | | 33,686,464 |
| * | **PARTICIPANT LOANS** | Rates ranging from 4.25% to 10.5% with various maturity dates through December 2018 | ** | 2,338,280 |
| | Total | | | $ 46,985,659 |

An (*) in column (a) identifies a person known to be a party-in-interest to the Plan.

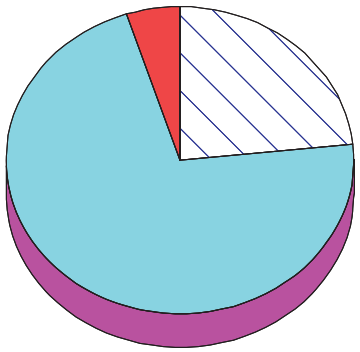
A (**) in column (d) identifies cost information omitted for participant-directed investments.

# STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

KTH PARTS INDUSTRIES, INC.
401(K) SAVINGS PLAN
CONSOLIDATION

## ALLOCATION OF PLAN ASSETS



- 23.28% COMMON / COLLECTIVE TRUSTS
- 4.98% LOANS
- 0.00% ACCRUED INCOME
- 71.74% MUTUAL FUNDS
- 0.00% PENDING SETTLEMENT FUNDS

| Investment Category | Shares/ Units | Price/ NAV | Cost/Book Value | Market Value | % Total Value |
|---|---|---|---|---|---|
| COMMON / COLLECTIVE TRUSTS | | | | | |
| FEDERATED CAPITAL PRES CL ISP | 1,045,599.9190 | 10.000 | 10,455,999.26 | 10,455,999.19 | 22.27% |
| FEDERATED CAPITAL PRES GM ISP | 47,373.9308 | 10.000 | 473,739.33 | 473,739.31 | 1.01% |
| TOTAL COMMON / COLLECTIVE TRUSTS | | | 10,929,738.59 | 10,929,738.50 | 23.28% |
| MUTUAL FUNDS | | | | | |
| THE OAKMARK INTL FD CL II | 28,661.4096 | 26.470 | 569,356.35 | 758,667.51 | 1.62% |
| THE OAKMARK INTL CL II GM | 55,370.4416 | 26.470 | 1,071,312.83 | 1,465,655.59 | 3.12% |
| BLACKROCK LG CAP VALUE A | 97,382.5489 | 20.600 | 1,626,425.69 | 2,006,080.51 | 4.27% |
| BLACKROCK LG CAP VALUE A GM | 48,056.5124 | 20.600 | 753,083.55 | 989,964.16 | 2.11% |
| PERKINS MID CAP VALUE FD CL A | 9,457.7867 | 23.350 | 202,581.18 | 220,839.32 | 0.47% |
| PERKINS MID CAP VALUE GM CL A | 44,263.5291 | 23.350 | 969,531.71 | 1,033,553.40 | 2.20% |

Balances include pending activity

# STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

KTH PARTS INDUSTRIES, INC.
401(K) SAVINGS PLAN
CONSOLIDATION

| Investment Category | Shares/ Units | Price/ NAV | Cost/Book Value | Market Value | % Total Value |
|---|---|---|---|---|---|
| PERKINS SMALL CAP VALUE FD | 20,511.1368 | 25.690 | 450,198.43 | 526,931.10 | 1.12% |
| PERKINS SMALL CAP VALUE FD GM | 18,081.7030 | 25.690 | 412,174.28 | 464,518.95 | 0.99% |
| AMERICAN GROWTH FD OF AMER R3 | 40,468.4216 | 42.390 | 1,293,192.79 | 1,715,456.39 | 3.65% |
| AMERICAN GRTH FD OF AMER R3 GM | 18,704.7283 | 42.390 | 587,305.60 | 792,893.43 | 1.69% |
| INVESCO GRWTH AND INCOME CL A | 49,975.5463 | 27.020 | 1,050,170.43 | 1,350,339.26 | 2.88% |
| INVESCO GRWTH AND INC CL A GM | 34,819.7235 | 27.020 | 704,089.24 | 940,828.93 | 2.00% |
| BLACKROCK S&P 500 STOCK FUND I | 7,710.2807 | 221.970 | 1,207,865.17 | 1,711,451.01 | 3.64% |
| MFS GROWTH FUND CL A | 47,382.0112 | 65.410 | 1,870,250.29 | 3,099,257.35 | 6.60% |
| MFS GROWTH FUND CL A GM | 11,408.1682 | 65.410 | 465,073.47 | 746,208.28 | 1.59% |
| BLACKROCK BAL CAPITAL A | 168,287.4552 | 24.690 | 4,143,826.84 | 4,155,017.27 | 8.85% |
| BLACKROCK GLOBAL ALLOC A | 176,488.3214 | 21.330 | 3,060,272.34 | 3,764,495.90 | 8.02% |
| BLACKROCK NAT RESOURCE A | 6,638.3707 | 67.630 | 394,305.76 | 448,953.01 | 0.96% |
| BLACKROCK PACIFIC FUND A | 117,160.2265 | 18.900 | 2,286,255.10 | 2,214,328.28 | 4.72% |
| BLACKROCK PACIFIC FUND A GM | 19,566.3567 | 18.900 | 375,361.82 | 369,804.14 | 0.79% |
| PRUDENTIAL JENNISON SMALL COMP | 19,014.5197 | 27.360 | 376,640.75 | 520,237.26 | 1.11% |
| PRUDENTIAL JENNISON SMALL COMP | 12,241.3926 | 27.360 | 247,024.91 | 334,924.50 | 0.71% |
| MFS GOVERNMENT SECS | 182,677.6198 | 9.920 | 1,864,856.95 | 1,812,161.99 | 3.86% |
| MFS GOVERNMENT SECS GM | 226,199.2562 | 9.920 | 2,330,132.72 | 2,243,896.62 | 4.78% |
| TOTAL MUTUAL FUNDS | | | 28,311,288.20 | 33,686,464.16 | 71.74% |
| LOANS | | | | | |
| LOAN FUND | 2,338,280.4400 | 1.000 | 2,338,280.44 | 2,338,280.44 | 4.98% |

Balances include pending activity

# STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

KTH PARTS INDUSTRIES, INC.
401(K) SAVINGS PLAN
CONSOLIDATION

| Investment Category | Shares/ Units | Price/ NAV | Cost/Book Value | Market Value | % Total Value |
|---|---|---|---|---|---|
| PENDING SETTLEMENT FUNDS | | | | | |
| PENDING SETTLEMENT FUND | 100.0000 | 1.000 | 100.00 | 100.00 | 0.00% |
| INVESTMENT TOTAL | | | 41,579,407.23 | 46,954,583.10 | 100.00% |
| UNINVESTED CASH | | | 0.00 | 0.00 | 0.00% |
| ACCRUED INCOME | | | 363.44 | 363.44 | 0.00% |
| TOTAL ASSETS | | | 41,579,770.67 | 46,954,946.54 | 100.00% |

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity

# KTH PARTS INDUSTRIES, INC.

# 401(k) SAVINGS PLAN

# FINANCIAL STATEMENTS

# DECEMBER 31, 2013

Battelle Rippe Kingston

# INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Trustees
KTH Parts Industries, Inc. 401(k) Savings Plan
St. Paris, Ohio

***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the KTH Parts Industries, Inc. 401(k) Savings Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditors' Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's assets and executes transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedule of assets (held at end of year) as of December 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. This supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

***Report on Form and Content in Compliance With DOL Rules and Regulations***

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Battelle Rippe Kimpton LLP

Dayton, Ohio
October 8, 2014

**KTH PARTS INDUSTRIES, INC. 401(k) SAVINGS PLAN**

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

| | *December 31* | |
|---|---|---|
| | ***2013*** | ***2012*** |
| **ASSETS** | | |
| Participant directed investments, at fair value: | | |
| Common / collective trust | $ 10,960,915 | $ 11,008,185 |
| Mutual funds | 33,686,464 | 27,343,679 |
| Total investments | 44,647,379 | 38,351,864 |
| Cash | - | 10,998 |
| Receivables: | | |
| Participant contributions | - | 28,665 |
| Employer contributions | - | 16,115 |
| Notes receivable from participants | 2,338,280 | 2,271,953 |
| Sale pending settlement | 100 | 100 |
| Accrued investment income | 363 | 363 |
| Total receivables | 2,338,743 | 2,317,196 |
| Total assets | 46,986,122 | 40,680,058 |
| **LIABILITIES** | - | - |
| **NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE** | 46,986,122 | 40,680,058 |
| **ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS** | (31,176) | (190,143) |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 46,954,946 | $ 40,489,915 |

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

**KTH PARTS INDUSTRIES, INC. 401(k) SAVINGS PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEAR ENDED DECEMBER 31, 2013**

| | |
|---|---|
| Investment income: | |
| Dividend income | $ 1,741,061 |
| Net appreciation in fair value of investments | 4,552,390 |
| Total investment income | 6,293,451 |
| Interest income on notes receivable from participants | 96,288 |
| Contributions: | |
| Participant | 1,710,883 |
| Employer | 899,217 |
| Total contributions | 2,610,100 |
| Total | 8,999,839 |
| Deductions from net assets attributable to: | |
| Benefit payments directly to participants | 2,515,633 |
| Administrative expense | 19,175 |
| Total deductions | 2,534,808 |
| Net increase | 6,465,031 |
| **NET ASSETS AVAILABLE FOR BENEFITS:** | |
| Beginning of year | 40,489,915 |
| End of year | $ 46,954,946 |

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

**KTH PARTS INDUSTRIES, INC. 401(k) SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2013**

## NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the KTH Parts Industries, Inc. (the Employer and Plan sponsor) 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering substantially all full-time associates (other than Japanese national associates) of the Employer who have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

### Contributions

Participants may contribute from 1% to 20% of their annual salary. The Employer makes a matching contribution equal to 100% of the first 3% and 50% of the next 2% of annual compensation contributed by the Plan Participants. Contributions are subject to certain limitations.

### Participant Accounts

Each participant's account is credited with the participant's contribution; the Employer's matching contribution, and an allocation of Plan earnings. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Vesting

Participants are immediately vested in their contributions and Employer matching contributions, plus earnings thereon.

### Payment of Benefits

On termination of service due to retirement, disability, or death, a participant will become fully vested. Distributions are made in a lump sum, in installments not to exceed 10 years, or through the purchase of a joint and survivor annuity for the participant.

A participant's beneficiary will receive the participant's account balance in the event of a participant's death. Participants may withdraw their vested interest in the Plan under certain hardship conditions as defined in the Plan. Such financial hardship withdrawals are subject to approval of the Administrative Committee. Terminated participants will be paid their vested interest in the Plan.

### Notes Receivable from Participants

Loans to participants are treated as a separate fund. Interest charged to participants is reviewed by the Administrative Committee and is based upon prevailing interest rates for similar loans in the surrounding community. Loans may not exceed the lesser of $50,000 or 50% of a participant's vested account balance, and the repayment period shall not exceed five years. Each loan is collateralized by the remaining balance in the participant's account. Interest rates on participant loans ranged from 4.25% to 10.5% as of December 31, 2013 and 2012.

**NOTE 1 – DESCRIPTION OF THE PLAN** (CONTINUED)

**Forfeited Accounts**

Forfeited, non-vested accounts totaled $406 and $4,285 at December 31, 2013 and 2012, respectively. These amounts are periodically used to reduce future Employer matching contributions. During 2013, $14,285 of forfeitures were used to reduce Employer matching contributions.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation**

The accompanying financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

**Contributions**

Participant contributions are recognized when withheld. Employer matching contributions are recognized concurrently with participant contributions.

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

A significant portion of the Plan's administrative expenses are paid by the Employer.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts and disclosures reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

**Investments**

The Plan's participant directed investments are stated 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.

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

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (CONTINUED)

**Investments** (Continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012 presents the fair value of the Plan's investment contract as well as the adjustment of the investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract-value basis for the year ended December 31, 2013.

**Subsequent Events**

The Plan administrator has evaluated subsequent events through October 8, 2014, the date the financial statements were available to be issued.

**NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE**

The information related to investments and notes receivable from participants that is included throughout the Plan's financial statements and supplemental schedule as of December 31, 2013 and 2012 and for the year ended December 31, 2013 was prepared by or derived from information provided by the trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that information provided to the Plan administrator by the trustee related to these plan assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in Notes 6 and 7 and supplemental schedule related to the Plan's assets.

Bank of America, N.A. also certified to the completeness and accuracy of $4,552,390 of net appreciation in fair value of investments and $1,741,061 of dividends related to investments and $96,288 of interest income from notes receivable from participants for the year ended December 31, 2013.

**NOTE 4 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become fully vested in their accounts.

**NOTE 5 – INCOME TAX STATUS**

The Plan adopted a standardized form of a prototype plan sponsored by the Plan's Trustee. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

The Plan administrator evaluated the Plan's tax positions and concluded that there are no uncertain tax positions that require recognition or disclosure in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by tax authorities for years before 2010.

**NOTE 6 – INVESTMENTS**

During the plan year ended December 31, 2013, the Plan's investments in mutual funds (including investments bought, sold, as well as held, during the year) appreciated in fair value by $4,552,390.

The fair values of individual investments that represent 5% or more of the Plan's net assets as of December 31 are as follows:

| | ***2013*** | ***2012*** |
|---|---|---|
| Blackrock Large Cap Value Fund Class A | $ 2,996,045 | $ 2,314,420 |
| Federated Capital Preservation Trust | 10,960,915 | 11,008,185 |
| Blackrock Balanced Capital Fund Class A | 4,155,017 | 3,612,601 |
| Blackrock Global Allocation Fund Class A | 3,764,496 | 3,139,563 |
| Blackrock Pacific Fund Class A | 2,584,132 | 2,034,166 |
| MFS Government Securities Fund | 4,056,059 | 3,852,192 |
| MFS Emerging Growth Fund Class A | 3,845,466 | 2,781,779 |
| American Growth Fund of America | 2,508,350 | * |

* This investment did not represent 5% or more of the Plan's net assets.

**NOTE 7 – FAIR VALUE MEASUREMENTS**

The Plan has determined the fair value of certain assets through application of accounting guidance that establishes a framework for measuring fair values. That framework 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 under this standard are described below:

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.

**NOTE 7 – FAIR VALUE MEASUREMENTS** (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

*Mutual funds*: Valued at the closing price reported on the active market on which the individual securities are traded.

*Common / collective trust:* Valued at the net asset value ("NAV") of shares held by the Plan at year end, as reported to the Plan by the trustee. A fund's NAV reflects an exit price, is the same for all holders of the fund, and provides the basis for current transactions.

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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

***Assets Measured at Fair Value on a Recurring Basis***

The following table summarizes assets measured at fair value on a recurring basis as of December 31, 2013 and 2012, segregated by the level of the valuation inputs with the fair value hierarchy utilized to measure fair value.

| *At December 31, 2013* | *Total* | *Quoted Prices In Active Markets for Identical Assets (Level 1)* | *Significant Other Observable Inputs (Level 2)* | *Significant Unobservable Inputs (Level 3)* |
|---|---|---|---|---|
| Mutual funds: | | | | |
| Blended funds | $ 10,503,645 | $ 10,503,645 | $ - | $ - |
| Value funds | 9,757,379 | 9,757,379 | | |
| Growth funds | 7,657,930 | 7,657,930 | | |
| Bond funds | 4,056,059 | 4,056,059 | | |
| Index funds | 1,711,451 | 1,711,451 | | |
| Total mutual funds | 33,686,464 | 33,686,464 | | |
| Common / collective trust | 10,960,915 | | 10,960,915 | - |
| Total investments | $ 44,647,379 | $ 33,686,464 | $ 10,960,915 | $ - |
| ***At December 31, 2012*** | | | | |
| Mutual funds: | | | | |
| Blended funds | $ 8,786,330 | $ 8,786,330 | $ - | $ - |
| Value funds | 7,506,327 | 7,506,327 | | |
| Growth funds | 5,965,193 | 5,965,193 | | |
| Bond funds | 3,852,192 | 3,852,192 | | |
| Index funds | 1,233,637 | 1,233,637 | | |
| Total mutual funds | 27,343,679 | 27,343,679 | | |
| Common / collective trust | 11,008,185 | | 11,008,185 | |
| Total investments | $ 38,351,864 | $ 27,343,679 | $ 11,008,185 | $ - |

## NOTE 8 – RELATED-PARTY TRANSACTIONS

Fees paid by the Plan for trustee services amounted to $19,175 for the year ended December 31, 2013.

## NOTE 9 – RISKS AND UNCERTAINTIES

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

## NOTE 10 – BENEFIT OBLIGATIONS

As of December 31, 2012, there were $10,998 in benefit obligations payable to participants who had withdrawn from the plan. There were no benefit obligations payable to participants as of December 31, 2013.

## NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

| | ***2012*** | ***2013*** |
|---|---|---|
| Net assets available for benefits per financial statements | $ 40,489,915 | $ 46,954,946 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | 190,143 | 31,176 |
| Net assets available for benefits per Form 5500 | $ 40,680,058 | $ 46,986,122 |

The following is a reconciliation of the net increase per the financial statements to the net income per the Form 5500 for the year ended December 31, 2013:

| | |
|---|---|
| Net increase per financial statements | $ 6,465,031 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (158,967) |
| Net income per Form 5500 | $ 6,306,064 |

**KTH PARTS INDUSTRIES, INC. 401(k) SAVINGS PLAN**

**EMPLOYER IDENTIFICATION NUMBER 34-1441988**

**PLAN NUMBER 001**

**SCHEDULE H, PART IV, 4i**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2013**

| *(a)* | *(b) Identity of Issue* | *( c ) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | **PARTICIPANT DIRECTED COMMON / COLLECTIVE TRUST** | | | |
| | Federated Capital Preservation Trust | 1,092,974 units | ** | $ 10,960,915 |
| | **PARTICIPANT DIRECTED MUTUAL FUNDS** | | | |
| | BlackRock Large Cap Value Fund Class A | 145,439 units | ** | 2,996,045 |
| | American Growth Fund of America | 59,173 units | ** | 2,508,350 |
| | BlackRock Balanced Capital Fund Class A | 168,287 units | ** | 4,155,017 |
| | BlackRock Global Allocation Fund Class A | 176,488 units | ** | 3,764,496 |
| | BlackRock Natural Resource Fund Class A | 6,638 units | ** | 448,953 |
| | BlackRock Pacific Fund Class A | 136,727 units | ** | 2,584,132 |
| | BlackRock S&P500 Index Fund Class I | 7,710 units | ** | 1,711,451 |
| | Prudential Jennison Small Company Fund Class A | 31,256 units | ** | 855,161 |
| | MFS Government Securities Fund | 408,877 units | ** | 4,056,059 |
| | Invesco Growth & Income Fund Class A | 84,795 units | ** | 2,291,168 |
| | MFS Emerging Growth Fund Class A | 58,790 units | ** | 3,845,466 |
| | Perkins Small Cap Value Fund Class A | 38,593 units | ** | 991,450 |
| | Perkins Mid Cap Value Fund Class A | 53,721 units | ** | 1,254,393 |
| | The Oakmark International Fund Class II | 84,032 units | ** | 2,224,323 |
| | Total participant directed mutual funds | | | 33,686,464 |
| * | **PARTICIPANT LOANS** | Rates ranging from 4.25% to 10.5% with various maturity dates through December 2018 | ** | 2,338,280 |
| | Total | | | $ 46,985,659 |

An (*) in column (a) identifies a person known to be a party-in-interest to the Plan.

A (**) in column (d) identifies cost information omitted for participant-directed investments.