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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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. ASSOCIATE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1989

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 ROUTE 235
ST. PARIS, OH 43072

2b Employer Identification Number (EIN)
34-1441988

2c Plan 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.	10/15/2015	ART LIMING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	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	**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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	1099
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	779
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	848
b	Retired or separated participants receiving benefits	**6b**	118
c	Other retired or separated participants entitled to future benefits	**6c**	203
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1169
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f	Total. Add lines **6d** and **6e**.	**6f**	1189
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
34-1441988

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	42470000
b Actuarial value	**2b**	40833150

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	779	27489461	28314944
b For terminated vested participants	200	4881072	4881072
c For active participants	122	8109902	8109902
d Total	1101	40480435	41305918

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.67%
6 Target normal cost	**6**	1829163

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 10/13/2015

JEFFREY A. SCHAPEL, EA, MAAA — Type or print name of actuary

14-07786 — Most recent enrollment number

CBIZ BENEFITS & INSURANCE, INC — Firm name

216-447-9000 — Telephone number (including area code)

6050 OAK TREE BLVD, SUITE 500
CLEVELAND, OH 44131

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1177869
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		83840
9	Amount remaining (line 7 minus line 8)	0	1094029
10	Interest on line 9 using prior year's actual return of 13.38%	0	146381
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		37047
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.49 %		2404
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		39451
	d Portion of (c) to be added to prefunding balance		39451
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1279861

Part III Funding Percentages

14	Funding target attainment percentage	14	95.75 %
15	Adjusted funding target attainment percentage	15	95.75 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2014	1000000				
01/15/2015	1000000				
04/15/2015	1000000				
07/15/2015	1000000				
			Totals ► 18(b)	4000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3711712

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	1829163
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1752629	751680
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2580843

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1279861	1279861

36 Additional cash requirement (line 34 minus line 35)	**36**	1300982
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3711712

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2410730
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1279861
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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 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 SMITH

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?
51	BROKERAGE	335124	Yes [X] No [ ]	Yes [X] No [ ]	1290	Yes [ ] No [X]

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

BANK OF AMERICA

94-1687665

(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?
21	TRUSTEE	32933	Yes [ ] No [X]	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 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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	10120	20199
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2250000	3000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	197515	219914
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	993971	523826
(2) U.S. Government securities	1c(2)	4368694	6174914
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5862042	5566060
(B) All other	1c(3)(B)	1026840	850083
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	960458	726777
(B) Common	1c(4)(B)	23884397	28926276
(5) Partnership/joint venture interests	1c(5)	1757746	1995024
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	1197861	1223857
(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	42509644	49226930
	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	42509644	49226930

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)	4000000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5500	
	(B) U.S. Government securities	2b(1)(B)	45300	
	(C) Corporate debt instruments	2b(1)(C)	417381	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	85142	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		553323
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	936174	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	46509	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		982683
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	16359215	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14912253	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1446962
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	911482	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		911482

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		753
d Total income. Add all **income** amounts in column (b) and enter total	2d		7895203
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	807885	
(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)		807885
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	370032	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		370032
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1177917
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6717286
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: MCGLADREY LLP **(2)** EIN: 42-0714325

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			
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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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): 22-3513863

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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: 65.0% Investment-Grade Debt: 30.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 5.0%

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.
Associate Retirement Plan

Financial Report
December 31, 2014

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McGladrey

Independent Auditor's Report

To the Participants and Plan Trustees
KTH Parts Industries, Inc. Associate Retirement Plan
St. Paris, Ohio

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the KTH Parts Industries, Inc. Associate Retirement Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014 and the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements.

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

Auditor's Responsibility
Our responsibility is to express an opinion on 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 summarized in Note 3, which was certified or provided by Bank of America (MLTC), 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 certification from the trustee as of and for the year ended December 31, 2014, 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.

Emphasis of Matter
As discussed in Note 2 to the financial statements, the entity adopted new accounting guidance related to disclosure of investments. Prior year disclosures have also been revised to reflect the retrospective application of adopting these changes in accounting. Our disclaimer of opinion is not modified with respect to this matter.

Member of the RSM International network of independent accounting, tax and consulting firms.

Other Matter – Report on Supplementary Information
The supplemental schedules (Schedule H, Part IV, 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Part IV, 4(j) – Schedule of Reportable Transactions) as of or for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are 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 schedules.

Other Matter – 2013 Financial Statements
The financial statements of KTH Parts Industries, Inc. Associate Retirement Plan as of December 31, 2013 were audited by other auditors whose report dated October 8, 2014 did not express an opinion on the 2013 financial statements for the same reason described above in the Basis for Disclaimer of Opinion paragraph. Their report also indicated the form and content of the information in the 2013 financial statements, other than that derived from the information certified or provided by the trustee, was presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content of the 2014 Financial Statements in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided 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.

McGladrey LLP

Dayton, Ohio
October 9, 2015

KTH Parts Industries, Inc. Associate Retirement Plan

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value:		
Common stocks	**$ 28,926,276**	$ 23,884,397
Preferred stocks	**726,777**	960,458
Mutual funds	**1,223,857**	1,197,861
Municipal bonds	**850,083**	1,026,840
Corporate bonds	**5,566,060**	5,862,042
Limited partnership interests	**1,995,024**	1,757,746
U.S. Government securities	**5,343,408**	3,116,800
Mortgage-backed securities	**831,506**	1,251,894
Money market fund	**523,826**	993,971
Total investments	**45,986,817**	40,052,009
Receivables:		
Accrued investment income	**219,914**	197,515
Employer contributions	**3,000,000**	2,250,000
Total receivables	**3,219,914**	2,447,515
Cash	**20,199**	10,120
Liabilities	**-**	-
Net assets available for benefits	**$ 49,226,930**	$ 42,509,644

See notes to financial statements.

KTH Parts Industries, Inc. Associate Retirement Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013

	2014	2013
Investment income:		
Interest and dividends	**$ 1,536,006**	$ 1,319,150
Net appreciation in fair value of investments	**2,359,197**	3,850,153
Net investment income	**3,895,203**	5,169,303
Employer contributions	**4,000,000**	3,000,000
Total additions	**7,895,203**	8,169,303
Deductions from net assets attributable to:		
Benefits paid to participants or beneficiaries	**807,885**	688,553
Administrative expenses	**370,032**	299,132
Total deductions	**1,177,917**	987,685
Net increase	**6,717,286**	7,181,618
Net assets available for benefits:		
Beginning	**42,509,644**	35,328,026
Ending	**$ 49,226,930**	$ 42,509,644

See notes to financial statements.

Note 1. Description of the Plan

The following brief description of the KTH Parts Industries, Inc. (the Employer and Plan sponsor) Associate Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General: The Plan is a noncontributory defined benefit pension plan covering substantially all full-time associates (other than Japanese national associates) of the Employer. Eligible associates must have completed one full year of employment and attained the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension benefits: Associates with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.5% of their base compensation for each year of service. The Plan permits early retirement at age 58. Early retirement benefits are equal to the normal retirement benefits reduced by 5% per year between early retirement and normal retirement date.

The Plan provides for the payment of vested benefits less than $1,000 as a lump sum payment as soon as administratively practical after the participant's termination of employment.

Participants may elect to receive their pension benefit in the form of a life annuity, joint and survivor annuity, certain period payment, or a single lump sum (if less than $10,000). If participants terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Employer's contributions.

Death and disability benefits: If an active participant dies, a death benefit equal to the value of the participant's accumulated pension benefit is paid to the participant's beneficiary at the later of (1) the participant's death, or (2) the date the participant would have reached the earliest permissible retirement age. Active participants who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled, when they reach normal retirement age.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements are prepared on the accrual basis 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).

Investment valuation and income recognition: The Plan's 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. Interest income is recognized on the accrual basis. Dividend income is recognized 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 and interest income.

Note 2. Summary of Significant Accounting Policies (Continued)

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments including lump sum distributions that are attributable under the Plan's provisions to the service associates have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from CBIZ Benefits & Insurance Services of Ohio, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation were (a) life expectancy of participants based on the RP-2014 Mortality tables for healthy lives and Disability Mortality per IRS Rev. Ruling 96-7 for Disabled, respectively; (b) assumed 25% of participants retire at age 58, 25% retire at age 62 and the remainder retire at age 65; (c) interest rate of 8.00%; and (d) average rate of future salary increases of 3%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The Plan has elected to present actuarial benefit information as of the beginning of the year.

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2014. Had the valuation been performed as of December 31, 2013, there would be no material differences.

The following table summarizes the actuarial present value of accumulated plan benefits as of December 31, 2013 and the changes in accumulated plan benefits for the year then ended:

Vested benefits:	
Participants currently receiving payments	$ 7,316,894
Other participants	26,758,628
Nonvested benefits	722,113
Total	$ 34,797,635
Actuarial present value of accumulated plan benefits at beginning of year	$ 38,478,385
Increase (decrease) attributable to:	
Change in assumptions	(7,665,270)
Benefits accumulated and non investment experience	1,622,344
Decrease in discount period	3,050,729
Benefits paid	(688,553)
Net decrease	(3,680,750)
Actuarial present value of accumulated plan benefits at end of year	$ 34,797,635

The most significant changes in actuarial assumptions were: 1) the use of updated RP 2014 mortality tables; and 2) the change in the discount rate from 6.49% in 2013 to 8.00% in 2014.

Note 2. Summary of Significant Accounting Policies (Continued)

Contributions: Contributions are recognized annually upon completion of the actuarial valuation for the Plan year.

Pension benefits: Benefit payments to participants or beneficiaries are recorded upon distribution.

Trustee and administrative expenses: Trustee and investment advisory fees are paid by the Plan. All other 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.

New Accounting Pronouncements: In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)*. The purpose of this Update is to simplify plan accounting.

The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly there will no longer be an adjustment from fair value to contract value on the face of the financial statements.

The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, *Annual Return/Report of Employee Benefit Plan,* as a direct filing entity, disclosure of that investment's strategy will no longer be required.

The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively

The Plan adopted amendments in Part II of this Update for the 2014 plan year, and the amendments in Part II were retrospectively applied to December 31, 2013. Prior year disclosures in Note 6 have been revised to reflect the retrospective application. The impact of adopting these amendments is reflected in the financial statements. Plan management is currently evaluating the impact the amendments in Part I and Part III of this update will have on the Plan's financial statements.

Note 2. Summary of Significant Accounting Policies (Continued)

In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). The amendments in this update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position.

The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient.

The amendments in this Update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented.

Plan management is currently evaluating the impact this update will have on the Plan's financial statements.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through October 9, 2015, the date the financial statements were available to be issued.

Note 3. Information Certified by the Plan’s Trustee

The investment information included throughout the Plan’s financial statements and supplemental schedules as of and for the years ended December 31, 2014 and 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 Note 6 and supplemental schedules related to the Plan’s assets.

Bank of America, N.A. also certified to the completeness and accuracy of $2,359,197 and $3,850,153 of net appreciation in fair value of investments and $1,536,006 and $1,319,150 of interest and dividends for the years ended December 31, 2014 and 2013, respectively.

Note 4. Funding Policy

The Employer’s policy is to fund normal pension costs on a current basis and to fund prior service costs over a 10-year period. The minimum funding requirements as set forth in ERISA have been met for both 2014 and 2013.

Note 5. Plan Termination

In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Note 5. Plan Termination (Continued)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits, would the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

While the Employer has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA. Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

Note 6. Fair Value Information

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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Note 6. Fair Value Information (Continued)

Common stocks, mutual funds, U.S. government securities and limited partnership interests: Valued at the closing price reported on the active market on which the individual securities are traded.

Preferred stocks, corporate bonds, municipal bonds and mortgage-backed securities: Valued using quoted prices for identical or similar assets in both active and inactive markets.

Money market fund: 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.

The following table summarizes assets measured at fair value on a recurring basis as of December 31, 2014 and 2013 segregated by the level of the valuation inputs within the fair value hierarch utilized to measure fair value.

At December 31, 2014	Total	Level 1	Level 2	Level 3
Common stocks	$ 28,926,276	$ 28,926,276	$ -	$ -
Preferred stocks	726,777	-	726,777	-
Municipal bonds	850,083	-	850,083	-
Corporate bonds	5,566,060	-	5,566,060	-
Mutual funds	1,223,857	1,223,857	-	-
Mortgage-backed securities	831,506	-	831,506	-
Money market fund	523,826	-	523,826	-
Limited partnership interests	1,995,024	1,995,024	-	-
U.S. Government securities	5,343,408	-	5,343,408	-
Total assets	$ 45,986,817	$ 32,145,157	$ 13,841,660	$ -

At December 31, 2013	Total	Level 1	Level 2	Level 3
Common stocks	$ 23,884,397	$ 23,884,397	$ -	$ -
Preferred stocks	960,458	-	960,458	-
Municipal bonds	1,026,840	-	1,026,840	-
Corporate bonds	5,862,042	-	5,862,042	-
Mutual funds	1,197,861	1,197,861	-	-
Mortgage-backed securities	1,251,894	-	1,251,894	-
Money market fund	993,971	-	993,971	-
Limited partnership interests	1,757,746	1,757,746	-	-
U.S. Government securities	3,116,800	-	3,116,800	-
Total assets	$ 40,052,009	$ 26,840,004	$ 13,212,005	$ -

There were no transfers in or out of Level 1 and 2 during the year ended December 31, 2014.

Note 7. Income Tax Status

The Internal Revenue Service has determined and informed the Plan sponsor and employer by letter dated June 24, 2014, that the Plan and the related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 2011.

Note 8. 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9. Related-Party Transactions

Fees paid for trustee and investment management services rendered by Bank of America, N.A. qualify as exempt party-in-interest transactions; such fees totaled $370,032 and $299,132 during 2014 and 2013, respectively.

Supplemental Schedules

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification Number 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issue	(c) Description of Investment		(d) Cost	(e) Current Value
	Common stocks:				
	Abbott Labs	5,055	shares	$ 107,888	$ 227,576
	Abbvie Inc.	5,055	shares	116,995	330,799
	Anworth Mortgage Asset Corp	52,675	shares	324,995	276,544
	AT&T Inc.	13,860	shares	367,537	465,557
	Automatic Data Proc.	13,335	shares	728,400	1,111,739
	Autonation Inc.	4,845	shares	262,379	292,686
	BB&T Corporation	8,840	shares	312,714	343,788
	BP Amoco PLC	11,240	shares	472,590	428,469
	Bank of Montreal	6,870	shares	446,801	485,915
	Chevron Corp.	4,150	shares	376,371	465,547
	Chubb Corp.	3,815	shares	199,978	394,738
	Cisco Systems Inc.	20,725	shares	437,977	576,466
	Conagra Inc.	15,260	shares	434,688	553,633
	Conocophillips	6,800	shares	371,983	469,608
	Consolidated Edison Inc.	8,395	shares	421,861	554,154
	Diageo PLC	3,215	shares	189,012	366,799
	Dow Chemical	11,180	shares	342,292	509,920
	Duke Energy Corp.	4,813	shares	219,444	402,078
	Exxon Mobil Corp.	9,995	shares	833,759	924,038
	Fifth Third Bancorp.	12,605	shares	259,963	256,827
	Ford Motor Co.	33,465	shares	525,378	518,708
	Franklin Resources Inc.	4,785	shares	261,973	264,945
	General Electric	35,075	shares	799,136	886,345
	General Motors Co.	15,215	shares	531,295	531,156
	Glaxosmithkline PLC	10,560	shares	493,327	451,334
	Honda Motor	8,100	shares	189,270	239,112
	Hospitality Pptys.	12,665	shares	300,017	392,615
	Huntington Bancshares	33,790	shares	288,334	355,471
	Intel Corp.	18,310	shares	394,196	664,470
	J P Morgan Chase and Co.	7,425	shares	408,499	464,657
	Johnson & Johnson	6,675	shares	462,249	698,005
	Lilly Eli Co.	8,085	shares	400,196	557,784
	McDonalds Corp.	5,165	shares	381,977	483,961
	Merck and Co. Inc.	8,805	shares	406,528	500,036
	Microsoft Corp.	18,090	shares	520,119	840,281
	Northwest Natural Gas	10,605	shares	473,653	529,190
	Paychex Inc.	10,710	shares	413,130	494,481
	Pepsico Inc.	5,455	shares	379,781	515,825
	Peyto Expl. And Development Corp.	9,400	shares	234,668	271,632
	Pfizer Inc.	16,150	shares	482,968	503,073
	Philip Morris Intl. Inc.	5,650	shares	321,289	460,193
	Pinnacle West Capital Corp.	8,185	shares	449,734	559,117
	Procter Gamble	6,710	shares	449,876	611,214
	Public Service Enterprise Group	12,365	shares	430,377	512,035
	Public Storage Inc.	2,650	shares	449,703	489,853
	Ratheon Company	5,975	shares	399,825	646,316
	Royal Dutch Shell	6,555	shares	424,961	455,966
	San Juan B Rty.	25,640	shares	381,704	365,370
	Sanofi Synthelbo	8,000	shares	400,819	364,880
	State Street Corp.	4,450	shares	317,571	349,325

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification Number 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2014

(a)	(b) Identity of Issue	(c) Description of Investment		(d) Cost	(e) Current Value
	Common stocks (continued):				
	Suncor Energy Inc.	7,295	shares	$ 258,951	$ 231,835
	Total S.A. Sponsored ADR	8,350	shares	404,582	427,520
	Transcanada Corp.	10,120	shares	449,885	496,892
	Unum Provident Corp.	12,000	shares	397,279	418,560
	Verizon Communications	9,770	shares	437,252	457,041
	Walt Disney Company	6,735	shares	199,878	634,370
	WGL Holdings Inc.	11,450	shares	450,305	625,399
	Wells Fargo & Co.	7,030	shares	243,168	385,385
	Whirlpool Corp.	2,710	shares	383,720	525,035
	White Mountain Insurance Group	492	shares	219,389	310,008
				23,044,589	28,926,276
	Preferred stocks:				
	Endurance Specialty Holding	9,095	shares	250,056	238,471
	Wells Fargo & Co.	16,740	shares	399,937	488,306
				649,993	726,777
	Mutual funds:				
	Eaton Vance Richard Bernstein Equity Strategy I	18,217	shares	231,985	263,602
	Ishares Barclays TIPS Bond Fund	4,291	shares	461,548	480,636
	Pimco All Asset	41,275	shares	528,958	479,619
				1,222,491	1,223,857
	Municipal funds:				
	District Columbia, 5.67%, due 6/1/22	250,000	par	282,823	289,328
	Evansville IN, 5.75%, due 2/1/20	300,000	par	345,342	336,900
	Klein Tex Indpt. Sch. Dist., 3.5%, due 8/1/26	100,000	par	84,500	101,503
	New Jersey Environmental, 5.25%, due 9/1/21	100,000	par	105,750	122,352
				818,415	850,083
	Corporate bonds:				
	AT&T Inc., 2.375%, 11/27/18	200,000	par	200,860	201,550
	Agilent Technologies Inc., 3.20%, 10/1/22	250,000	par	251,865	243,723
	American Intl. Group, 5.85%, 1/16/18	100,000	par	107,437	111,810
	CVS Caremark Corp., 5.75%, 6/1/17	200,000	par	228,316	220,730
	Conagra Inc., 5.819%, due 6/15/17	100,000	par	109,336	109,480
	Credit Suisse, 5.40%, due 1/14/20	200,000	par	203,960	223,658
	Diageo Capital PLC, 5.75%, due 10/23/17	150,000	par	164,940	167,042
	Dow Chemical Co, 4.125%, due 11/15/21	100,000	par	105,722	105,661
	Exelon Generation Co, LLC, 5.20%, due 10/01/19	100,000	par	104,404	110,502
	Georgia Power Company, 5.70%, due 06/01/17	100,000	par	110,502	110,227
	Goldman Sachs Group, 6.15%, due 04/01/18	100,000	par	101,353	112,242
	Goldman Sachs Group, 5.25%, due 07/27/21	250,000	par	240,525	282,165
	HSBC Finance Corp., 5.00%, due 9/27/20	200,000	par	217,740	219,176
	HSBC Finance Corp., 6.676%, due 01/15/21	100,000	par	104,244	118,646
	Hewlett-Packard Co., 4.05%, due 9/15/22	250,000	par	254,008	253,975
	Honeywell International, 5.30%, due 03/01/18	100,000	par	108,029	110,928
	JPMorgan Chase & Co., 3.20%, due 1/25/23	300,000	par	299,985	300,339
	Kimberly-Clark Corp., 3.875%, due 03/01/21	200,000	par	220,262	218,948
	Morgan Stanley, 5.50%, due 07/24/20	100,000	par	91,339	112,823
	Morgan Stanley, 5.75%, due 1/25/2021	100,000	par	97,723	114,795

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification Number 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2014

(a)	(b) Identity of Issue	(c) Description of Investment		(d) Cost	(e) Current Value
	Corporate bonds (continued):				
	Morgan Stanley, 5.5%, due 1/26/20	100,000	par	$ 93,699	$ 100,000
	Nucor Corp, 5.85%, due 6/1/2018	100,000	par	115,411	111,767
	Occidental Petroleum Corp., 2.70%, due 2/15/23	300,000	par	301,737	285,141
	Plains Exploration & Pro, 6.125%, due 6/15/19	128,000	par	140,774	138,560
	Quest Diagnostic Inc., 3.20%, due 4/1/16	200,000	par	208,824	204,916
	Telefonica SA, 5.877%, due 7/15/19	150,000	par	153,675	170,711
	Telefonica Emisiones, 5.462%, due 2/16/21	150,000	par	150,000	168,420
	Time Warner Cable Inc, 5.00%, due 2/1/2020	100,000	par	110,330	110,199
	Verizon Communications, 5.15%, due 9/15/23	300,000	par	311,799	331,269
	Vodafone Group PLC, 2.95%, due 2/19/23	300,000	par	296,856	289,164
	Western Union Co., 3.65%, due 8/22/18	200,000	par	206,444	207,493
				5,412,099	5,566,060
	Limited partnership interests:				
	NGL Energy Partners	6,300	units	232,215	176,337
	Enterprise Products Partners	12,060	units	149,906	435,607
	Magellan Midstreem Partners	8,550	units	199,898	706,743
	Plains All American Pipeline	6,240	units	149,916	320,237
	TC Pipelines LP	5,000	units	230,292	356,100
				962,227	1,995,024
	U.S. Government securities:				
	U.S. Treasury, 9.125% bond, due 5/15/18	200,000	par	274,465	252,218
	U.S. Treasury, 8.875% bond, due 2/15/19	100,000	par	133,668	129,828
	U.S. Treasury, 8.50% bond, due 2/15/20	100,000	par	131,949	133,672
	U.S. Treasury, 7.875% bond, due 2/15/21	100,000	par	142,156	135,102
	U.S. Treasury, 2.75% note, due 2/15/24	600,000	par	619,137	631,362
	U.S. Treasury, 1.625% Inflation Note, due 1/15/15	124,356	par	124,457	124,142
	U.S. Treasury, 4.00% note, due 2/15/15	300,000	par	288,750	301,383
	U.S. Treasury, 4.125% note, due 5/15/15	200,000	par	190,695	202,954
	U.S. Treasury, 2.375% note, due 8/15/24	250,000	par	252,578	254,630
	U.S. Treasury, 4.50% note, due 2/15/16	100,000	par	94,676	104,633
	U.S. Treasury, 4.875% note, due 8/15/16	150,000	par	150,574	160,524
	U.S. Treasury, 4.50% note, due 5/15/17	100,000	par	114,973	108,586
	U.S. Treasury, 2.75% note, due 2/15/19	300,000	par	300,703	315,609
	U.S. Treasury, 3.375% noted, due 11/15/19	100,000	par	101,805	108,336
	U.S. Treasury, 3.50% note, due 5/15/20	200,000	par	207,609	218,188
	U.S. Treasury, 2.00% note, due 1/31/16	300,000	par	306,855	305,343
	U.S. Treasury, 3.125% note, due 5/15/21	100,000	par	99,770	107,313
	U.S. Treasury, 2.00% note, due 2/15/22	300,000	par	300,492	300,750
	U.S. Treasury, 1.00% note, due 3/31/17	200,000	par	201,920	200,844
	U.S. Treasury, 1.125% note, due 12/31/19	300,000	par	289,383	292,569
	U.S. Treasury, 1.375% note, due 6/30/18	100,000	par	100,847	100,195
	U.S. Treasury, 2.50% note, due 5/15/24	350,000	par	349,398	360,556
	U.S. Treasury Strip Prin, 0%, due 5/15/17	350,000	par	205,393	343,067
	U.S. Treasury Strip Prin, 0%, due 11/15/18	160,000	par	97,203	151,604
				5,079,456	5,343,408

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification Number 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2014

(a)	(b) Identity of Issue	(c) Description of Investment		(d) Cost	(e) Current Value
	Mortgage-backed securities:				
	Federal Home Loan Bank, 5.00% bond, due 12/11/15	250,000	par	$ 280,363	$ 261,020
	Federal Home Loan Mortgage Corp., 4.75% note, due 11/17/15	250,000	par	278,340	259,718
	Federal Home Loan Mortgage Corp., 5.25% note, due 4/18/16	150,000	par	151,494	159,225
	Federal Home Loan Mortgage Corp., 2.375% note, due 1/13/22	150,000	par	149,190	151,543
				859,387	831,506
	Money market fund:				
*	BIF Money Fund	523,826	shares	523,826	523,826
	Total			$ 38,572,483	$ 45,986,817

* Represents a party-in-interest.

The above information has been certified as complete and accurate by Bank of America, N.A., the trustee of the Plan.

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification Number 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
Year Ended December 31, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/(Loss)
Category (iii) - Series of transactions in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A.	BIF Money Fund	$ -	$ 7,470,967	$ 7,470,967	$ 7,470,967	$ -
Bank of America, N.A.	BIF Money Fund	7,000,822	-	7,000,822	7,000,822	-

There were no reportable category (i), (ii) or (iv) transactions for the year ended December 31, 2014.

There were no lease rental activity or expenses incurred with the Plan.
Therefore, columns (e) and (f) were eliminated for presentation purposes.

Schedule SB, line 26 –
Schedule of Active Participant Data

	Years of credited service:										
	< 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	**Total**
Attained Age											
Under 25	0	32	1	0	0	0	0	0	0	0	**33**
25 to 29	0	42	21	0	0	0	0	0	0	0	**63**
30 to 34	0	24	21	2	1	0	0	0	0	0	**48**
35 to 39	0	16	13	6	6	0	0	0	0	0	**41**
40 to 44	0	14	25	10	49	16	7	0	0	0	**121**
45 to 49	0	19	18	6	43	23	45	0	0	0	**154**
50 to 54	0	9	26	13	25	21	61	0	0	0	**155**
55 to 59	0	2	15	6	23	20	44	0	0	0	**110**
60 to 64	0	2	2	4	9	13	20	0	0	0	**50**
65 to 69	0	0	1	0	2	1	0	0	0	0	**4**
70 & up	0	0	0	0	0	0	0	0	0	0	**0**
Total	**0**	**160**	**143**	**47**	**158**	**94**	**177**	**0**	**0**	**0**	**779**

Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods

Interest Rates		HATFA
	1st Segment Rate	4.99%
	2nd Segment Rate	6.32%
	3rd Segment Rate	6.99%
Salary Scale	3.00% per year	
Mortality Rates	2014 Combined Mortality for healthy lives Disability Mortality per IRS Rev. Ruling 96-7 for Disabled	
Retirement	25% at age 58; 25% at age 62; and the remainder at age 65	
Form of payment	All assumed to elect the normal form of payment	
Employees excluded	Those associates not eligible to participate	
Marriage	100% of males and 100% of females are assumed to be married. Wives are assumed to be three years younger than their husbands.	
Actuarial Value of Assets	Actuarial Value of Assets – The Actuarial Value of Assets (AVA) must be within 10% of the Market Value of Assets on the valuation date and no more than 24 months of past experience can be recognized in the smoothing process.	
Changes to assumptions	Mortality and interest rates were changed as required by PPA '06 to the 2014 Combined Mortality for healthy lives and the segmented interest rates detailed above.	

Schedule SB, line 32 –
Schedule of Amortization Bases

Type of Base	Date Established	Remaining Balance	Payment	Years Remaining At Val Date
Shortfall	1/1/2010	$2,633,744	920,994	3
Shortfall	1/1/2011	869,923	233,614	4
Shortfall	1/1/2012	(3,693,435)	(812,319)	5
Shortfall	1/1/2013	3,844,195	727,674	6
Shortfall	1/1/2014	(1,901,798)	(318,283)	7
Total		**$1,752,629**	**$751,680**	

Schedule SB, Part V –
Summary of Plan Provisions

1.	Plan Year	January 1 to December 31
2.	Eligibility	Each associate shall become a participant on the January 1 nearest the completion of 12 months of service and attainment of age 21.
3.	Normal Retirement Date	First day of the month coinciding or next following the 65th birthday.
4.	Normal Retirement Benefit	A monthly pension for life equal to 1.5% of compensation for each year of service.
5.	Early Retirement Date	First day of the month following termination provided associate is at least age 60 with five years of service, effective February 1, 2003, reduced to age 58 and 5 years of service.
6.	Early Retirement Benefit	Accrued pension commencing at Normal Retirement Date, or an immediate pension reduced 5% per year (.4167 of 1% for each month) between Early and Normal Retirement.
7.	Termination Eligibility	Associate must have 5 years of service.
8.	Termination Benefit	Accrued pension commencing at Normal Retirement Date.
9.	Disability Eligibility	Associate must be totally and permanently disabled and eligible for Social Security Disability Benefits.
10.	Disability Benefit	Accrued pension commencing at Normal Retirement Date.
11.	Death Benefit	Joint & 100% Survivor coverage is automatic for the spouse of any vested participant regardless of age. Benefit is payable after the later of (1) the participant's death, or (2) the date the participant would have reached the earliest permissible retirement age.

Schedule SB, line 22 –
Description of Weighted Average Retirement Age

Age	Qr	Paa	Qr x Paa	Qr x Paa x Age
55	-	1.0000	-	-
56	-	1.0000	-	-
57	-	1.0000	-	-
58	0.25	1.0000	0.2500	14.5000
59	-	0.7500	-	-
60	-	0.7500	-	-
61	-	0.7500	-	-
62	0.25	0.7500	0.1875	11.6250
63	-	0.5625	-	-
64	-	0.5625	-	-
65	1.00	0.5625	0.5625	36.5625
			1.00	**62.69**
				avg ret age

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification Number 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issue	(c) Description of Investment		(d) Cost	(e) Current Value
	Common stocks:				
	Abbott Labs	5,055	shares	$ 107,888	$ 227,576
	Abbvie Inc.	5,055	shares	116,995	330,799
	Anworth Mortgage Asset Corp	52,675	shares	324,995	276,544
	AT&T Inc.	13,860	shares	367,537	465,557
	Automatic Data Proc.	13,335	shares	728,400	1,111,739
	Autonation Inc.	4,845	shares	262,379	292,686
	BB&T Corporation	8,840	shares	312,714	343,788
	BP Amoco PLC	11,240	shares	472,590	428,469
	Bank of Montreal	6,870	shares	446,801	485,915
	Chevron Corp.	4,150	shares	376,371	465,547
	Chubb Corp.	3,815	shares	199,978	394,738
	Cisco Systems Inc.	20,725	shares	437,977	576,466
	Conagra Inc.	15,260	shares	434,688	553,633
	Conocophillips	6,800	shares	371,983	469,608
	Consolidated Edison Inc.	8,395	shares	421,861	554,154
	Diageo PLC	3,215	shares	189,012	366,799
	Dow Chemical	11,180	shares	342,292	509,920
	Duke Energy Corp.	4,813	shares	219,444	402,078
	Exxon Mobil Corp.	9,995	shares	833,759	924,038
	Fifth Third Bancorp.	12,605	shares	259,963	256,827
	Ford Motor Co.	33,465	shares	525,378	518,708
	Franklin Resources Inc.	4,785	shares	261,973	264,945
	General Electric	35,075	shares	799,136	886,345
	General Motors Co.	15,215	shares	531,295	531,156
	Glaxosmithkline PLC	10,560	shares	493,327	451,334
	Honda Motor	8,100	shares	189,270	239,112
	Hospitality Pptys.	12,665	shares	300,017	392,615
	Huntington Bancshares	33,790	shares	288,334	355,471
	Intel Corp.	18,310	shares	394,196	664,470
	J P Morgan Chase and Co.	7,425	shares	408,499	464,657
	Johnson & Johnson	6,675	shares	462,249	698,005
	Lilly Eli Co.	8,085	shares	400,196	557,784
	McDonalds Corp.	5,165	shares	381,977	483,961
	Merck and Co. Inc.	8,805	shares	406,528	500,036
	Microsoft Corp.	18,090	shares	520,119	840,281
	Northwest Natural Gas	10,605	shares	473,653	529,190
	Paychex Inc.	10,710	shares	413,130	494,481
	Pepsico Inc.	5,455	shares	379,781	515,825
	Peyto Expl. And Development Corp.	9,400	shares	234,668	271,632
	Pfizer Inc.	16,150	shares	482,968	503,073
	Philip Morris Intl. Inc.	5,650	shares	321,289	460,193
	Pinnacle West Capital Corp.	8,185	shares	449,734	559,117
	Procter Gamble	6,710	shares	449,876	611,214
	Public Service Enterprise Group	12,365	shares	430,377	512,035
	Public Storage Inc.	2,650	shares	449,703	489,853
	Ratheon Company	5,975	shares	399,825	646,316
	Royal Dutch Shell	6,555	shares	424,961	455,966
	San Juan B Rty.	25,640	shares	381,704	365,370
	Sanofi Synthelbo	8,000	shares	400,819	364,880
	State Street Corp.	4,450	shares	317,571	349,325

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification Number 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2014

(a)	(b) Identity of Issue	(c) Description of Investment		(d) Cost	(e) Current Value
	Common stocks (continued):				
	Suncor Energy Inc.	7,295	shares	$ 258,951	$ 231,835
	Total S.A. Sponsored ADR	8,350	shares	404,582	427,520
	Transcanada Corp.	10,120	shares	449,885	496,892
	Unum Provident Corp.	12,000	shares	397,279	418,560
	Verizon Communications	9,770	shares	437,252	457,041
	Walt Disney Company	6,735	shares	199,878	634,370
	WGL Holdings Inc.	11,450	shares	450,305	625,399
	Wells Fargo & Co.	7,030	shares	243,168	385,385
	Whirlpool Corp.	2,710	shares	383,720	525,035
	White Mountain Insurance Group	492	shares	219,389	310,008
				23,044,589	28,926,276
	Preferred stocks:				
	Endurance Specialty Holding	9,095	shares	250,056	238,471
	Wells Fargo & Co.	16,740	shares	399,937	488,306
				649,993	726,777
	Mutual funds:				
	Eaton Vance Richard Bernstein Equity Strategy I	18,217	shares	231,985	263,602
	Ishares Barclays TIPS Bond Fund	4,291	shares	461,548	480,636
	Pimco All Asset	41,275	shares	528,958	479,619
				1,222,491	1,223,857
	Municipal funds:				
	District Columbia, 5.67%, due 6/1/22	250,000	par	282,823	289,328
	Evansville IN, 5.75%, due 2/1/20	300,000	par	345,342	336,900
	Klein Tex Indpt. Sch. Dist., 3.5%, due 8/1/26	100,000	par	84,500	101,503
	New Jersey Environmental, 5.25%, due 9/1/21	100,000	par	105,750	122,352
				818,415	850,083
	Corporate bonds:				
	AT&T Inc., 2.375%, 11/27/18	200,000	par	200,860	201,550
	Agilent Technologies Inc., 3.20%, 10/1/22	250,000	par	251,865	243,723
	American Intl. Group, 5.85%, 1/16/18	100,000	par	107,437	111,810
	CVS Caremark Corp., 5.75%, 6/1/17	200,000	par	228,316	220,730
	Conagra Inc., 5.819%, due 6/15/17	100,000	par	109,336	109,480
	Credit Suisse, 5.40%, due 1/14/20	200,000	par	203,960	223,658
	Diageo Capital PLC, 5.75%, due 10/23/17	150,000	par	164,940	167,042
	Dow Chemical Co, 4.125%, due 11/15/21	100,000	par	105,722	105,661
	Exelon Generation Co, LLC, 5.20%, due 10/01/19	100,000	par	104,404	110,502
	Georgia Power Company, 5.70%, due 06/01/17	100,000	par	110,502	110,227
	Goldman Sachs Group, 6.15%, due 04/01/18	100,000	par	101,353	112,242
	Goldman Sachs Group, 5.25%, due 07/27/21	250,000	par	240,525	282,165
	HSBC Finance Corp., 5.00%, due 9/27/20	200,000	par	217,740	219,176
	HSBC Finance Corp., 6.676%, due 01/15/21	100,000	par	104,244	118,646
	Hewlett-Packard Co., 4.05%, due 9/15/22	250,000	par	254,008	253,975
	Honeywell International, 5.30%, due 03/01/18	100,000	par	108,029	110,928
	JPMorgan Chase & Co., 3.20%, due 1/25/23	300,000	par	299,985	300,339
	Kimberly-Clark Corp., 3.875%, due 03/01/21	200,000	par	220,262	218,948
	Morgan Stanley, 5.50%, due 07/24/20	100,000	par	91,339	112,823
	Morgan Stanley, 5.75%, due 1/25/2021	100,000	par	97,723	114,795

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification Number 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2014

(a)	(b) Identity of Issue	(c) Description of Investment		(d) Cost	(e) Current Value
	Corporate bonds (continued):				
	Morgan Stanley, 5.5%, due 1/26/20	100,000	par	$ 93,699	$ 100,000
	Nucor Corp, 5.85%, due 6/1/2018	100,000	par	115,411	111,767
	Occidental Petroleum Corp., 2.70%, due 2/15/23	300,000	par	301,737	285,141
	Plains Exploration & Pro, 6.125%, due 6/15/19	128,000	par	140,774	138,560
	Quest Diagnostic Inc., 3.20%, due 4/1/16	200,000	par	208,824	204,916
	Telefonica SA, 5.877%, due 7/15/19	150,000	par	153,675	170,711
	Telefonica Emisiones, 5.462%, due 2/16/21	150,000	par	150,000	168,420
	Time Warner Cable Inc, 5.00%, due 2/1/2020	100,000	par	110,330	110,199
	Verizon Communications, 5.15%, due 9/15/23	300,000	par	311,799	331,269
	Vodafone Group PLC, 2.95%, due 2/19/23	300,000	par	296,856	289,164
	Western Union Co., 3.65%, due 8/22/18	200,000	par	206,444	207,493
				5,412,099	5,566,060
	Limited partnership interests:				
	NGL Energy Partners	6,300	units	232,215	176,337
	Enterprise Products Partners	12,060	units	149,906	435,607
	Magellan Midstreem Partners	8,550	units	199,898	706,743
	Plains All American Pipeline	6,240	units	149,916	320,237
	TC Pipelines LP	5,000	units	230,292	356,100
				962,227	1,995,024
	U.S. Government securities:				
	U.S. Treasury, 9.125% bond, due 5/15/18	200,000	par	274,465	252,218
	U.S. Treasury, 8.875% bond, due 2/15/19	100,000	par	133,668	129,828
	U.S. Treasury, 8.50% bond, due 2/15/20	100,000	par	131,949	133,672
	U.S. Treasury, 7.875% bond, due 2/15/21	100,000	par	142,156	135,102
	U.S. Treasury, 2.75% note, due 2/15/24	600,000	par	619,137	631,362
	U.S. Treasury, 1.625% Inflation Note, due 1/15/15	124,356	par	124,457	124,142
	U.S. Treasury, 4.00% note, due 2/15/15	300,000	par	288,750	301,383
	U.S. Treasury, 4.125% note, due 5/15/15	200,000	par	190,695	202,954
	U.S. Treasury, 2.375% note, due 8/15/24	250,000	par	252,578	254,630
	U.S. Treasury, 4.50% note, due 2/15/16	100,000	par	94,676	104,633
	U.S. Treasury, 4.875% note, due 8/15/16	150,000	par	150,574	160,524
	U.S. Treasury, 4.50% note, due 5/15/17	100,000	par	114,973	108,586
	U.S. Treasury, 2.75% note, due 2/15/19	300,000	par	300,703	315,609
	U.S. Treasury, 3.375% noted, due 11/15/19	100,000	par	101,805	108,336
	U.S. Treasury, 3.50% note, due 5/15/20	200,000	par	207,609	218,188
	U.S. Treasury, 2.00% note, due 1/31/16	300,000	par	306,855	305,343
	U.S. Treasury, 3.125% note, due 5/15/21	100,000	par	99,770	107,313
	U.S. Treasury, 2.00% note, due 2/15/22	300,000	par	300,492	300,750
	U.S. Treasury, 1.00% note, due 3/31/17	200,000	par	201,920	200,844
	U.S. Treasury, 1.125% note, due 12/31/19	300,000	par	289,383	292,569
	U.S. Treasury, 1.375% note, due 6/30/18	100,000	par	100,847	100,195
	U.S. Treasury, 2.50% note, due 5/15/24	350,000	par	349,398	360,556
	U.S. Treasury Strip Prin, 0%, due 5/15/17	350,000	par	205,393	343,067
	U.S. Treasury Strip Prin, 0%, due 11/15/18	160,000	par	97,203	151,604
				5,079,456	5,343,408

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification Number 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2014

(a)	(b) Identity of Issue	(c) Description of Investment		(d) Cost	(e) Current Value
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				859,387	831,506
	Money market fund:				
*	BIF Money Fund	523,826	shares	523,826	523,826
	Total			$ 38,572,483	$ 45,986,817

* Represents a party-in-interest.

The above information has been certified as complete and accurate by Bank of America, N.A., the trustee of the Plan.

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification Number 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
Year Ended December 31, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/(Loss)
Category (iii) - Series of transactions in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A.	BIF Money Fund	$ -	$ 7,470,967	$ 7,470,967	$ 7,470,967	$ -
Bank of America, N.A.	BIF Money Fund	7,000,822	-	7,000,822	7,000,822	-

There were no reportable category (i), (ii) or (iv) transactions for the year ended December 31, 2014.

There were no lease rental activity or expenses incurred with the Plan.
Therefore, columns (e) and (f) were eliminated for presentation purposes.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
34-1441988

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2014			
2	Assets:			
	a Market value	2a		42470000
	b Actuarial value	2b		40833150
3	Funding target/participant count breakdown		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		779	27489461	28314944
	b For terminated vested participants		200	4881072	4881072
	c For active participants		122	8109902	8109902
	d Total		1101	40480435	41305918
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.67%
6	Target normal cost	6		1829163

Statement by Enrolled Actuary

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

SIGN HERE

Jeffrey A Schapel
Signature of actuary

10/12/2015
Date

JEFFREY A. SCHAPEL, EA, MAAA
Type or print name of actuary

14-07786
Most recent enrollment number

CBIZ BENEFITS & INSURANCE, INC
Firm name

216-447-9000
Telephone number (including area code)

6050 OAK TREE BLVD, SUITE 500
CLEVELAND, OH 44131
Address of the firm

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