Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PARTS AUTHORITY LLC

3 DAKOTA DRIVE
SUITE 110
NEW HYDE PARK, NY 11042

2b Employer Identification Number (EIN) 81-2962479

2c Plan Sponsor's telephone number 516-300-1265

2d Business code (see instructions) 423100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2017	DAVID WOTMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2017	DAVID WOTMAN
	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)

Preparer's telephone number

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	11-3193390
a Sponsor's name PARTS AUTHORITY, INC.	**4c** PN	001
5 Total number of participants at the beginning of the plan year	**5**	2346
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)**	1867
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2193
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	650
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2843
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**.	**6f**	2846
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2042
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	181
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PARTS AUTHORITY LLC

D Employer Identification Number (EIN)
81-2962479

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). . . . . [X] 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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

ALPS DISTRIBUTORS, INC.
1290 BROADWAY
SUITE 1100
DENVER, CO 80203

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

AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

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

AMERICAN INDEPENDENCE FINANCIAL
230 PARK AVENUE
SUITE 534
NEW YORK, NY 10169

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

COHEN & STEERS CAPITAL MANAGEMENT

280 PARK AVENUE - 10TH FLOOR
NEW YORK, NY 10017

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

DELAWARE INVESTMENTS

2005 MARKET STREET
PHILADELPHIA, PA 19103

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

FEDERATED SECURITIES CORP.

5800 CORPORATE DRIVE
2ND FLOOR
PITTSBURGH, PA 15237

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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

LAZARD ASSET MANAGEMENT

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

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

LEGG MASON INVESTOR SERVICES, LLC

100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

NATIXIS DISTRIBUTORS, L.P.

399 BOYLSTON STREET
BOSTON, MA 02116

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PUTNAM RETAIL MANAGEMENT

ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

STATE STREET CORPORATION

04-1867445

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

WELLS FARGO FUNDS DISTRIBUTOR, LLC

525 MARKET STREET
12TH FLOOR
SAN FRANCISO, CA 94105

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)

UBS FINANCIAL SERVICES, INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 64 99	INVESTMENT/FINANCIAL ADVI	32265	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

ADP, LLC

13-3036745

(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?
37 50 15 64	RECORD KEEPER	12572	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ADP BROKER-DEALER

22-3319984

(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?
63 60 59 49 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
ADP BROKER-DEALER	63 60 59	0

(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.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(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.
ALPS DISTRIBUTORS, INC. 1290 BROADWAY SUITE 1100 DENVER, CO 80203	ANNUAL RATE 0.00650 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
AMERICAN FUNDS DISTRIBUTORS, INC. 95-2769620	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(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.
AMERICAN INDEPENDENCE FINANCIAL 230 PARK AVENUE SUITE 534 NEW YORK, NY 10169	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
COHEN & STEERS CAPITAL MANAGEMENT 280 PARK AVENUE - 10TH FLOOR NEW YORK, NY 10017	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(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.
DELAWARE INVESTMENTS 2005 MARKET STREET PHILADELPHIA, PA 19103	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
FEDERATED SECURITIES CORP. 5800 CORPORATE DRIVE 2ND FLOOR PITTSBURGH, PA 15237	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(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.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
J.P. MORGAN INVESTMENT MANAGEMENT 13-3200244	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(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.
LAZARD ASSET MANAGEMENT 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
LEGG MASON INVESTOR SERVICES, LLC 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
MFS FUND DISTRIBUTORS, INC. 04-2747644	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(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.
NATIXIS DISTRIBUTORS, L.P. 399 BOYLSTON STREET BOSTON, MA 02116	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
PUTNAM RETAIL MANAGEMENT ONE POST OFFICE SQUARE BOSTON, MA 02109	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	99	0

(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.
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00380 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00180 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00420 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(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.
WELLS FARGO FUNDS DISTRIBUTOR, LLC 525 MARKET STREET 12TH FLOOR SAN FRANCISO, CA 94105	ANNUAL RATE 0.00550 OF AVERAGE DAILY ASSETS

(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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PARTS AUTHORITY LLC

D Employer Identification Number (EIN)
81-2962479

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

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE WILM SV 25554 - 75

b Name of sponsor of entity listed in (a): WILMINGTON TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0142858-094	C	1896561

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST INTL IDX SEC LEND VII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-335	C	18270

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST RUSS SC IDX VI

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-338	C	272354

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST S&P 500 IDX VII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-342	C	745818

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST S&P MD CP IDX NL G

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-346	C	107293

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PARTS AUTHORITY LLC

D Employer Identification Number (EIN)
81-2962479

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	513801	622024
(9) Value of interest in common/collective trusts	1c(9)	2280745	3040296
(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)	9526145	12489033
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		106038

			(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	12320691	16257391
	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	12320691	16257391

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)	381608	
	(B) Participants	2a(1)(B)	1469066	
	(C) Others (including rollovers)	2a(1)(C)	91202	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1941876
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	28956	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		28956
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	312277	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		312277
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		138661
(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)		424073
c Other income	2c		58932
d Total income. Add all **income** amounts in column (b) and enter total	2d		2904775
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2339655	
(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)		2339655
f Corrective distributions (see instructions)	2f		22793
g Certain deemed distributions of participant loans (see instructions)	2g		54725
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	44838	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		44838
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2462011
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		442764
l Transfers of assets:			
(1) To this plan	2l(1)		3493936
(2) From this plan	2l(2)		0

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: KWM CPAS LLP **(2)** EIN: 11-2674705

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PARTS AUTHORITY LLC

D Employer Identification Number (EIN)
81-2962479

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): 57-1198022

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

PARTS AUTHORITY LLC
PROFIT SHARING AND 401(k) PLAN (formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan)

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2016 AND 2015

PARTS AUTHORITY LLC
PROFIT SHARING AND 401(k) PLAN (formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan)

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KWM CPAs LLP

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Parts Authority LLC Profit Sharing and 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Parts Authority LLC Profit Sharing and 401(k) Plan (formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan) (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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 by Reliance Trust Company and State Street Bank & Trust Co., the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Reliance Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2016 and for the year January 1, 2016 to December 31, 2016 and that State Street Bank & Trust Co. held the Plan's investment assets and executed investment transactions as of December 31, 2015 and for the year January 1, 2015 to December 31, 2015. The plan administrator has obtained a

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certification from the trustees as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

KWM CPAs LLP

CERTIFIED PUBLIC ACCOUNTANTS

October 12, 2017
Jericho, New York

PARTS AUTHORITY LLC
PROFIT SHARING AND 401(k) PLAN
(formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016

	2016	2015
Assets		
Investments:		
Mutual Funds and Common Trusts	$ 15,529,329	$ 11,806,890
Cash - Money Market	106,038	19,420
Total Investments	15,635,367	11,826,310
Receivables:		
Employer Contribution Receivable	153,684	153,066
Participant Contributions Receivable	24,707	19,930
Participant Notes Receivable	688,821	530,226
Due from Plan Sponsor	1,258	2,673
Total Receivables	868,470	705,895
Total Assets	16,503,837	12,532,205
Liabilities		
Excess Contributions Payable	4,513	16,827
Terminated Employee Distributions Payable	-	1,414
Total Liabilities	4,513	18,241
Net Assets Available for Benefits	$ 16,499,324	$ 12,513,964

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

PARTS AUTHORITY LLC
PROFIT SHARING AND 401(k) PLAN
(formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan)

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2016

Additions to Net Assets		
Net Appreciation in Fair Value of Investments	$ 562,553	
Interest and Dividend Income	312,911	
Other Income	58,297	
Total Investment Income		$ 933,761
Interest Income on Participant Notes Receivable		28,956
Contributions:		
Participants	1,565,662	
Employer	420,412	
	1,986,074	
Transfers in from Another Trust	3,493,936	
Total Contributions		5,480,010
Total Additions		6,442,727
Deductions From Net Assets		
Benefits Paid to Participants	2,391,727	
Administrative Expenses	65,640	
Total Deductions		2,457,367
Net Increase		3,985,360
Net Assets Available for Benefits - Beginning		12,513,964
Net Assets Available for Benefits - Ending		$ 16,499,324

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

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of the Plan

The following description of Parts Authority LLC Profit Sharing and 401(k) Plan (formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan) (the "Plan") provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all eligible employees of Parts Authority, Inc. (the "Employer" or "Sponsor") upon completing the participation requirements of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility
All eligible employees become a participant of the Plan on or after reaching the age of 21 and completing three months of service. Three months of service is accomplished after completing 250 hours of service during their first 3 months of employment. Participants in the Plan are immediately 100% vested in their contributions and are vested over six years for Employer contributions (see Vesting).

Contributions
Each year, participants may contribute up to 75% of their annual compensation (referred to as an elective deferral), as defined by the Plan, subject to a maximum of $18,000 for 2016. Participants who have attained age fifty, before the end of the plan year, are eligible to make catch-up contributions of up to $6,000 for 2016. Participants may also rollover amounts representing distributions from other qualified retirement plans.

The Employer, at its own discretion, makes an annual non-elective contribution to its profit sharing plan. Such contributions are allocated pro-rata to all eligible employees who are employed on the last day of the Plan year. The contribution for the year ended December 31, 2016 is $150,000.

The Employer, at its own discretion, can make an annual matching contribution to its 401(k) plan. Such contributions are allocated pro-rata to all eligible employees who are employed on the last day of the Plan year. The contribution for the year ended December 31, 2016 was $270,412.

The Plan was amended on February 6, 2015, to increase the Employer match of eligible employees' plan contributions and to permit In-Plan Roth Rollover Contributions. The match will be capped annually at $2,500 in matching contributions per employee. This amendment is effective February 1, 2015.

On March 2016, the Employer acquired an entity and merged the acquired entity's plan into

NOTE 1 - Description of the Plan (Continued)

the Employer's Plan. The assets totaling $3,493,936 were transferred into the Plan in May 2016 and are included in the attached financial statements.

Participants direct the investment of their contributions and the discretionary Employer's contribution into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (i) Employer's discretionary profit sharing contribution, (ii) Employer's matching contributions, and (iii) Plan earnings net of an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Amounts contributed to the Plan are held in a trust created under the Plan. Contributions allocated to participant accounts are invested according to each participant's direction. Different investment funds are offered with each having a different investment objective. Participants may make changes to their investment funds in the time and manner determined by the Employer. As of December 31, 2016, there were various investment funds available to Plan participants.

Vesting

Participants are immediately 100% vested in their own contributions plus actual earnings thereon. Participants become fully vested in the Employer's matching and non-elective contributions plus related earnings according to the following schedule.

Years of Service	Vesting %
Less than 2 years	0%
At least 2 years, but less than 3	20%
At least 3 years, but less than 4	40%
At least 4 years, but less than 5	60%
At least 5 years, but less than 6	80%
6 years or more	100%

Upon the date the participant becomes disabled, deceased, or attains the age of 65, the Plan's normal retirement age, participants shall be 100% vested in their accounts.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of the Plan (Continued)

Participant Notes Receivable
Participants may borrow from their fund accounts a minimum of $500 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear a fixed rate of interest at the prime rate, as published in The Wall Street Journal on the 14th of each month, plus 2% when the loan is made. The interest rates charged on the participant loans ranges from 4.25% to 6.00%. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits
Upon termination of service due to death, disability, or retirement, participants may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments not exceeding the life expectancy of the participant or his or her designated beneficiary. Participants must receive benefits by April 1st following the year in which they reach the age of 70½, even if still employed by the Sponsor.

Forfeitures
In accordance with the Plan documents, forfeitures by participants may be used to pay Plan expenses and any remaining amounts are used to reduce future Employer contributions. At December 31, 2016 and 2015, forfeited non-vested accounts totaled $26,491 and $6,269, respectively. In 2016 and 2015, employer contributions were reduced by forfeited reinvested accounts.

Administration of the Plan
ADP (Automated Data Processing) provides administrative services to the Plan primarily by compiling information prepared by the Sponsor on a participant account basis. The Plan's trustee, Reliance Trust Company ("Trustee"), maintains the Plan's assets and makes investments according to participant's directions. Officers or employees of the Sponsor perform certain administrative functions. No such officers or employees received compensation from the Plan. Administrative expenses, are paid directly by the Sponsor. During the year ended December 31, 2016, administrative expenses charged to the Plan are $65,640.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting
The Plan's financial statements are presented under the accrual method of accounting.

Investment Valuation
Investments are reported at fair value. Fair Value is the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market

NOTE 2 - Summary of Significant Accounting Policies (Continued)

participants at the measurement date. See Note 4 for fair value measurements.

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

Participant Notes Receivable
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
All expenses relating to the Plan's investment administration are paid by the Plan and borne on a pro-rata basis by each Plan participant. The Sponsor pays all other expenses.

Use of Estimates
In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts and disclosures of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual amounts could differ from those estimates.

NOTE 3– Information Certified by Trustee (Unaudited)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations and Disclosures under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform auditing procedures with respect to the information certified by Reliance Trust Company as of December 31, 2016 and for the year January 1, 2016 to December 31, 2016 and State Street Bank & Trust Co. as of December 31, 2015 and for the year January 1, 2015 to December 31, 2015, except for comparing the information certified by the trustees to information included in the Plan's financial statements and supplemental schedule.

The following information has been certified as complete and accurate by the trustee:

NOTES TO FINANCIAL STATEMENTS

NOTE 3– Information Certified by Trustee (Unaudited) (Continued)

The total investments as shown in the accompanying statements of net assets available for benefits amounted to $15,529,329 and $11,806,890, consisting of mutual funds totaling $12,382,995 and $9,526,145 and common trusts totaling $3,146,334 and $2,280,745, as of December 31, 2016 and 2015, respectively.

a. The total participant notes receivable as shown in the accompanying statement of changes in net assets available for benefits as of December 31, 2016 and 2015, amounted to $688,821 and $530,226, respectively.

b. The total investment gain as shown in the accompanying statements of changes in net assets available for benefits is $562,553 for the year ended December 31, 2016. The entire amount of gain is derived from mutual funds and common trusts.

c. The total interest and dividend income, including interest income on participant notes receivable, as shown in the accompanying statement of changes in net assets available for benefits is $312,911 for the year ended December 31, 2016.

In addition, the trustee certified as complete and accurate, the following investments which represent five percent (5%) or more of the Plan's net assets as of December 31, 2016 and 2015:

	December 31, 2016	2015
American Funds American Bal. Fund	$ 2,647,099	$ 1,957,591
Met Life Wilmington SV 25554-75	1,882,261	1,535,699
Alger Spectra Fund	1,192,202	1,085,846
Federated International Leaders Fund	1,024,035	660,841
MassMutual Select Mid Cap Growth Equity II Fund - Class R4	836,383	-0-
Oppenheimer Global Value Fund	785,638	794,655
Lommis Sayles Inv. Grade Bond Fund	*	650,941
Fidelity Advisor Large Cap Fund	*	593,390
SSGA S&P 500 Index Sec Lending Series VII	*	670,208
Wells Fargo Advantage Discovery Fund	*	758,364
Other - (less than 5%)	7,161,711	3,099,355
	$ 15,529,329	$ 11,806,890

* less than 5% of plan assets as of December 31, 2016

NOTE 4 - Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification 820, "Fair Value Measurements and Disclosures" ("ASC 820") establishes a framework for measuring fair

NOTE 4 - Fair Value Measurements (Continued)

value. 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 ASC 820 are described below:

Level 1
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2
Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Collective trust funds: Valued at the net asset value (NAV) of the bank collective trust. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - Fair Value Measurements (Continued)

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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

Description	Quoted Market Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Fixed Income Funds	$ 1,814,563	$ -	$ -	$ 1,814,563
Growth and Income Funds	3,899,649	-	-	3,899,649
Aggressive Growth Funds	2,919,536	-	-	2,919,536
Growth Funds	4,999,020	-	-	4,999,020
Other Funds	1,896,561	-	-	1,896,561
Total Mutual Funds at Fair Value	$ 15,529,329	$ -	$ -	$ 15,529,329

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

Description	Quoted Market Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Fixed Income Funds	$ 905,555	$ -	$ -	$ 905,555
Growth and Income Funds	3,191,920	-	-	3,191,920
Aggressive Growth Funds	2,083,035	-	-	2,083,035
Growth Funds	4,090,679	-	-	4,090,679
Other Funds	1,535,701	-	-	1,535,701
Total Mutual Funds at Fair Value	$ 11,806,890	$ -	$ -	$ 11,806,890

NOTES TO FINANCIAL STATEMENTS

NOTE 5- Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 6 - Tax Status

The Plan uses a prototype plan document sponsored by the plan administrator. The plan administrator received an opinion letter from the IRS dated March 31, 2008, which stated that the prototype documents satisfied the applicable provision sections of the Internal Revenue Code (IRC). The Plan adopted the prototype. The prototype was amended and restated on February 1, 2015 and the Plan adopted the new prototype. Although the Plan has been amended since receiving the determination letter, the plan administrator and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions. On September 19, 2016, the IRS concluded an audit of the Plan's tax years 2012 through 2014. The audit resulted in the acceptance of the returns as filed. Although there were certain operational violations discovered during the audit, they were corrected for all years prior to the closing of the examination and there were no changes to the financial statements. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE 7 - Risks and Uncertainties

The Plan provides for investment options in various mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS

NOTE 8 - Reconciliation of Financial Statements to Form 5500

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

	December 31, 2016	December 31, 2015
Net assets available for benefits per the financial statements	$ 16,499,324	$ 12,513,964
Excess contributions to be distributed to employees	4,513	16,827
Distributions payable to terminated employees	-	1,415
Contributions due from employer	(153,684)	(153,066)
Contributions due from participants	(24,707)	(19,930)
Money market fund not held by State Street	-	(19,420)
Due from Sponsor	(1,258)	(2,673)
Deemed distributed loans not reportable on Form 5500	(66,797)	(16,426)
Net assets available for benefits per Form 5500, Sch. H Part I line 1f	$ 16,257,391	$ 12,320,691

The following is a reconciliation of total contributions per the financial statements to Form 5500:

	December 31, 2016
Total contributions per the financial statements	$ 1,986,074
Prior plan year employer contributions recorded on Form 5500 in current plan year	153,066
Current year employer contribution receivable	(153,684)
Current year participant contribution receivable	(24,707)
Forfeitures paid	(18,873)
Total contributions per Form 5500 Sch. H Part II line 2a	$ 1,941,876

NOTE 9 - Subsequent Events

During the years ended December 31, 2016 and 2015, the Employer failed the Actual Deferral Percentage test and as such was required to refund excess contributions of $4,513 and $16,827, respectively, to certain participants. The Employer refunded the excess contributions to the participants on March 7, 2017 and March 8, 2016 respectively. Since these payments were submitted prior to March 15 of the following years the Plan did not incur an excise tax of 10% on the refunds. The excess participant contributions have been accounted for as an excess employee contributions payable on the December 31, 2016 and 2015 Statement of Net Assets Available for Benefits.

NOTES TO FINANCIAL STATEMENTS

NOTE 9 - Subsequent Events (Continued)

The Plan evaluated subsequent events through October 12, 2017, the date which the financial statements were available to be issued, for potential recognition and disclosure in the financial statements. No events have occurred that would require adjustment or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

PARTS AUTHORITY LLC
PROFIT SHARING AND 401(k) PLAN (formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan)
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (Held at End of Year)
EIN: 81-2962479
PLAN NUMBER: 001
DECEMBER 31, 2016

(a) *	(b) Identity of Issuer, Borrower or Similar Party	(c) Description of Investment	(d) Costs ***	(e) Current Value
	MetLife Wilmington Stable Value Fund Series 25554 - Class 75	Common/Collective Trust **	$ -	$ 1,896,561
	State Street S&P 500 Index Securities Lending Series Fund - Class VII	Common/Collective Trust **	-	745,818
	State Street Russell Small Cap Index Securities Lending Series Fund - Class VI	Common/Collective Trust **	-	272,354
	State Street S&P MidCap Index Non-Lending Series Fund - Class G	Common/Collective Trust **	-	107,293
	Great West Guaranteed Portfolio Fund - Money Market	Interest Bearing Cash	-	106,038
	State Street International Index Securities Lending Series Fund -Class VII	Common/Collective Trust **	-	18,270
	American Funds American Balanced Fund - Class R3	Registered Investment Company **	-	2,647,099
	Alger Spectra Fund - Class A	Registered Investment Company **	-	1,192,202
	Federated International Leaders Fund - Class A	Registered Investment Company **	-	1,024,035
	MassMutual Select Mid Cap Growth Equity II Fund - Class R4	Registered Investment Company **	-	836,383
	Oppenheimer Global Value Fund - Class R	Registered Investment Company **	-	785,638
	JPMorgan Equity Income Fund - Class A	Registered Investment Company **	-	772,402
	Loomis Sayles Investment Grade Bond Fund - Class A	Registered Investment Company **	-	680,887
	Fidelity Advisor Large Cap Fund - Class M	Registered Investment Company **	-	629,939
	Putnam Income Fund A	Registered Investment Company **	-	589,190
	American Funds 2030 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	545,991
	ClearBridge Small Cap Growth Fund - Class A	Registered Investment Company **	-	513,541
	MFS Blended Research Core Equity Fund - Class R3	Registered Investment Company **	-	341,880
	Cohen & Steers Real Estate Securities A	Registered Investment Company **	-	219,044
	American Funds 2055 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	205,259
	Delaware Emerging Markets Fund - Class A	Registered Investment Company **	-	171,682
	American Funds 2025 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	160,967
	MFS Mid Cap Value Fund R3	Registered Investment Company **	-	154,059
	Loomis Sayles Strategic Income Fund - Class A	Registered Investment Company **	-	148,232
	Federated High Yield Trust - Service Class	Registered Investment Company **	-	146,588
	American Funds 2020 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	143,638
	Undiscovered Managers Behavioral Value Fund - Class A	Registered Investment Company **	-	134,016
	Templeton Global Total Return Fund - Class A	Registered Investment Company **	-	133,618
	American Independence U.S. Inflation-Protected Fund - Class A	Registered Investment Company **	-	116,048
	American Funds 2035 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	78,910
	American Funds 2040 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	45,860
	American Funds 2045 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	32,576
	American Funds 2050 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	20,541
	American Funds 2010 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	12,410
	American Funds 2015 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	6,398
	Total Mutual Funds and Common Trusts		-	15,635,367
	Participant notes, maturing on dates ranging from January 2017 to December 2021, with interest rates ranging from 4.25% to 6.00% collateralized by participant's account		-	688,821
	Total		$ -	$ 16,324,188

The above information has been certified as complete and accurate by the Plan's trustee.

* A party-in-interest as defined by ERISA.

** There is no maturity date, rate of interest, collateral, par or maturity value.

*** The cost of participant-directed investments is not required to be disclose.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

PARTS AUTHORITY LLC
PROFIT SHARING AND 401(k) PLAN (formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan)

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2016 AND 2015

PARTS AUTHORITY LLC
PROFIT SHARING AND 401(k) PLAN (formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan)

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KWM CPAs LLP

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Parts Authority LLC Profit Sharing and 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Parts Authority LLC Profit Sharing and 401(k) Plan (formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan) (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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 by Reliance Trust Company and State Street Bank & Trust Co., the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Reliance Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2016 and for the year January 1, 2016 to December 31, 2016 and that State Street Bank & Trust Co. held the Plan's investment assets and executed investment transactions as of December 31, 2015 and for the year January 1, 2015 to December 31, 2015. The plan administrator has obtained a

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certification from the trustees as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

KWM CPAs LLP

CERTIFIED PUBLIC ACCOUNTANTS

October 12, 2017
Jericho, New York

PARTS AUTHORITY LLC
PROFIT SHARING AND 401(k) PLAN
(formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016

	2016	2015
Assets		
Investments:		
Mutual Funds and Common Trusts	$ 15,529,329	$ 11,806,890
Cash - Money Market	106,038	19,420
Total Investments	15,635,367	11,826,310
Receivables:		
Employer Contribution Receivable	153,684	153,066
Participant Contributions Receivable	24,707	19,930
Participant Notes Receivable	688,821	530,226
Due from Plan Sponsor	1,258	2,673
Total Receivables	868,470	705,895
Total Assets	16,503,837	12,532,205
Liabilities		
Excess Contributions Payable	4,513	16,827
Terminated Employee Distributions Payable	-	1,414
Total Liabilities	4,513	18,241
Net Assets Available for Benefits	$ 16,499,324	$ 12,513,964

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

PARTS AUTHORITY LLC
PROFIT SHARING AND 401(k) PLAN
(formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan)

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2016

Additions to Net Assets		
Net Appreciation in Fair Value of Investments	$ 562,553	
Interest and Dividend Income	312,911	
Other Income	58,297	
Total Investment Income		$ 933,761
Interest Income on Participant Notes Receivable		28,956
Contributions:		
Participants	1,565,662	
Employer	420,412	
	1,986,074	
Transfers in from Another Trust	3,493,936	
Total Contributions		5,480,010
Total Additions		6,442,727
Deductions From Net Assets		
Benefits Paid to Participants	2,391,727	
Administrative Expenses	65,640	
Total Deductions		2,457,367
Net Increase		3,985,360
Net Assets Available for Benefits - Beginning		12,513,964
Net Assets Available for Benefits - Ending		$ 16,499,324

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

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of the Plan

The following description of Parts Authority LLC Profit Sharing and 401(k) Plan (formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan) (the "Plan") provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all eligible employees of Parts Authority, Inc. (the "Employer" or "Sponsor") upon completing the participation requirements of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility
All eligible employees become a participant of the Plan on or after reaching the age of 21 and completing three months of service. Three months of service is accomplished after completing 250 hours of service during their first 3 months of employment. Participants in the Plan are immediately 100% vested in their contributions and are vested over six years for Employer contributions (see Vesting).

Contributions
Each year, participants may contribute up to 75% of their annual compensation (referred to as an elective deferral), as defined by the Plan, subject to a maximum of $18,000 for 2016. Participants who have attained age fifty, before the end of the plan year, are eligible to make catch-up contributions of up to $6,000 for 2016. Participants may also rollover amounts representing distributions from other qualified retirement plans.

The Employer, at its own discretion, makes an annual non-elective contribution to its profit sharing plan. Such contributions are allocated pro-rata to all eligible employees who are employed on the last day of the Plan year. The contribution for the year ended December 31, 2016 is $150,000.

The Employer, at its own discretion, can make an annual matching contribution to its 401(k) plan. Such contributions are allocated pro-rata to all eligible employees who are employed on the last day of the Plan year. The contribution for the year ended December 31, 2016 was $270,412.

The Plan was amended on February 6, 2015, to increase the Employer match of eligible employees' plan contributions and to permit In-Plan Roth Rollover Contributions. The match will be capped annually at $2,500 in matching contributions per employee. This amendment is effective February 1, 2015.

On March 2016, the Employer acquired an entity and merged the acquired entity's plan into

NOTE 1 - Description of the Plan (Continued)

the Employer's Plan. The assets totaling $3,493,936 were transferred into the Plan in May 2016 and are included in the attached financial statements.

Participants direct the investment of their contributions and the discretionary Employer's contribution into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (i) Employer's discretionary profit sharing contribution, (ii) Employer's matching contributions, and (iii) Plan earnings net of an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Amounts contributed to the Plan are held in a trust created under the Plan. Contributions allocated to participant accounts are invested according to each participant's direction. Different investment funds are offered with each having a different investment objective. Participants may make changes to their investment funds in the time and manner determined by the Employer. As of December 31, 2016, there were various investment funds available to Plan participants.

Vesting

Participants are immediately 100% vested in their own contributions plus actual earnings thereon. Participants become fully vested in the Employer's matching and non-elective contributions plus related earnings according to the following schedule.

Years of Service	Vesting %
Less than 2 years	0%
At least 2 years, but less than 3	20%
At least 3 years, but less than 4	40%
At least 4 years, but less than 5	60%
At least 5 years, but less than 6	80%
6 years or more	100%

Upon the date the participant becomes disabled, deceased, or attains the age of 65, the Plan's normal retirement age, participants shall be 100% vested in their accounts.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of the Plan (Continued)

Participant Notes Receivable
Participants may borrow from their fund accounts a minimum of $500 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear a fixed rate of interest at the prime rate, as published in The Wall Street Journal on the 14th of each month, plus 2% when the loan is made. The interest rates charged on the participant loans ranges from 4.25% to 6.00%. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits
Upon termination of service due to death, disability, or retirement, participants may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments not exceeding the life expectancy of the participant or his or her designated beneficiary. Participants must receive benefits by April 1st following the year in which they reach the age of 70½, even if still employed by the Sponsor.

Forfeitures
In accordance with the Plan documents, forfeitures by participants may be used to pay Plan expenses and any remaining amounts are used to reduce future Employer contributions. At December 31, 2016 and 2015, forfeited non-vested accounts totaled $26,491 and $6,269, respectively. In 2016 and 2015, employer contributions were reduced by forfeited reinvested accounts.

Administration of the Plan
ADP (Automated Data Processing) provides administrative services to the Plan primarily by compiling information prepared by the Sponsor on a participant account basis. The Plan's trustee, Reliance Trust Company ("Trustee"), maintains the Plan's assets and makes investments according to participant's directions. Officers or employees of the Sponsor perform certain administrative functions. No such officers or employees received compensation from the Plan. Administrative expenses, are paid directly by the Sponsor. During the year ended December 31, 2016, administrative expenses charged to the Plan are $65,640.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting
The Plan's financial statements are presented under the accrual method of accounting.

Investment Valuation
Investments are reported at fair value. Fair Value is the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market

NOTE 2 - Summary of Significant Accounting Policies (Continued)

participants at the measurement date. See Note 4 for fair value measurements.

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

Participant Notes Receivable
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
All expenses relating to the Plan's investment administration are paid by the Plan and borne on a pro-rata basis by each Plan participant. The Sponsor pays all other expenses.

Use of Estimates
In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts and disclosures of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual amounts could differ from those estimates.

NOTE 3– Information Certified by Trustee (Unaudited)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations and Disclosures under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform auditing procedures with respect to the information certified by Reliance Trust Company as of December 31, 2016 and for the year January 1, 2016 to December 31, 2016 and State Street Bank & Trust Co. as of December 31, 2015 and for the year January 1, 2015 to December 31, 2015, except for comparing the information certified by the trustees to information included in the Plan's financial statements and supplemental schedule.

The following information has been certified as complete and accurate by the trustee:

NOTES TO FINANCIAL STATEMENTS

NOTE 3– Information Certified by Trustee (Unaudited) (Continued)

The total investments as shown in the accompanying statements of net assets available for benefits amounted to $15,529,329 and $11,806,890, consisting of mutual funds totaling $12,382,995 and $9,526,145 and common trusts totaling $3,146,334 and $2,280,745, as of December 31, 2016 and 2015, respectively.

a. The total participant notes receivable as shown in the accompanying statement of changes in net assets available for benefits as of December 31, 2016 and 2015, amounted to $688,821 and $530,226, respectively.

b. The total investment gain as shown in the accompanying statements of changes in net assets available for benefits is $562,553 for the year ended December 31, 2016. The entire amount of gain is derived from mutual funds and common trusts.

c. The total interest and dividend income, including interest income on participant notes receivable, as shown in the accompanying statement of changes in net assets available for benefits is $312,911 for the year ended December 31, 2016.

In addition, the trustee certified as complete and accurate, the following investments which represent five percent (5%) or more of the Plan's net assets as of December 31, 2016 and 2015:

	December 31, 2016	2015
American Funds American Bal. Fund	$ 2,647,099	$ 1,957,591
Met Life Wilmington SV 25554-75	1,882,261	1,535,699
Alger Spectra Fund	1,192,202	1,085,846
Federated International Leaders Fund	1,024,035	660,841
MassMutual Select Mid Cap Growth Equity II Fund - Class R4	836,383	-0-
Oppenheimer Global Value Fund	785,638	794,655
Lommis Sayles Inv. Grade Bond Fund	*	650,941
Fidelity Advisor Large Cap Fund	*	593,390
SSGA S&P 500 Index Sec Lending Series VII	*	670,208
Wells Fargo Advantage Discovery Fund	*	758,364
Other - (less than 5%)	7,161,711	3,099,355
	$ 15,529,329	$ 11,806,890

* less than 5% of plan assets as of December 31, 2016

NOTE 4 - Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification 820, "Fair Value Measurements and Disclosures" ("ASC 820") establishes a framework for measuring fair

NOTE 4 - Fair Value Measurements (Continued)

value. 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 ASC 820 are described below:

Level 1
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2
Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Collective trust funds: Valued at the net asset value (NAV) of the bank collective trust. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - Fair Value Measurements (Continued)

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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

Description	Quoted Market Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Fixed Income Funds	$ 1,814,563	$ -	$ -	$ 1,814,563
Growth and Income Funds	3,899,649	-	-	3,899,649
Aggressive Growth Funds	2,919,536	-	-	2,919,536
Growth Funds	4,999,020	-	-	4,999,020
Other Funds	1,896,561	-	-	1,896,561
Total Mutual Funds at Fair Value	$ 15,529,329	$ -	$ -	$ 15,529,329

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

Description	Quoted Market Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Fixed Income Funds	$ 905,555	$ -	$ -	$ 905,555
Growth and Income Funds	3,191,920	-	-	3,191,920
Aggressive Growth Funds	2,083,035	-	-	2,083,035
Growth Funds	4,090,679	-	-	4,090,679
Other Funds	1,535,701	-	-	1,535,701
Total Mutual Funds at Fair Value	$ 11,806,890	$ -	$ -	$ 11,806,890

NOTES TO FINANCIAL STATEMENTS

NOTE 5- Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 6 - Tax Status

The Plan uses a prototype plan document sponsored by the plan administrator. The plan administrator received an opinion letter from the IRS dated March 31, 2008, which stated that the prototype documents satisfied the applicable provision sections of the Internal Revenue Code (IRC). The Plan adopted the prototype. The prototype was amended and restated on February 1, 2015 and the Plan adopted the new prototype. Although the Plan has been amended since receiving the determination letter, the plan administrator and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions. On September 19, 2016, the IRS concluded an audit of the Plan's tax years 2012 through 2014. The audit resulted in the acceptance of the returns as filed. Although there were certain operational violations discovered during the audit, they were corrected for all years prior to the closing of the examination and there were no changes to the financial statements. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE 7 - Risks and Uncertainties

The Plan provides for investment options in various mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS

NOTE 8 - Reconciliation of Financial Statements to Form 5500

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

	December 31, 2016	December 31, 2015
Net assets available for benefits per the financial statements	$ 16,499,324	$ 12,513,964
Excess contributions to be distributed to employees	4,513	16,827
Distributions payable to terminated employees	-	1,415
Contributions due from employer	(153,684)	(153,066)
Contributions due from participants	(24,707)	(19,930)
Money market fund not held by State Street	-	(19,420)
Due from Sponsor	(1,258)	(2,673)
Deemed distributed loans not reportable on Form 5500	(66,797)	(16,426)
Net assets available for benefits per Form 5500, Sch. H Part I line 1f	$ 16,257,391	$ 12,320,691

The following is a reconciliation of total contributions per the financial statements to Form 5500:

	December 31, 2016
Total contributions per the financial statements	$ 1,986,074
Prior plan year employer contributions recorded on Form 5500 in current plan year	153,066
Current year employer contribution receivable	(153,684)
Current year participant contribution receivable	(24,707)
Forfeitures paid	(18,873)
Total contributions per Form 5500 Sch. H Part II line 2a	$ 1,941,876

NOTE 9 - Subsequent Events

During the years ended December 31, 2016 and 2015, the Employer failed the Actual Deferral Percentage test and as such was required to refund excess contributions of $4,513 and $16,827, respectively, to certain participants. The Employer refunded the excess contributions to the participants on March 7, 2017 and March 8, 2016 respectively. Since these payments were submitted prior to March 15 of the following years the Plan did not incur an excise tax of 10% on the refunds. The excess participant contributions have been accounted for as an excess employee contributions payable on the December 31, 2016 and 2015 Statement of Net Assets Available for Benefits.

NOTES TO FINANCIAL STATEMENTS

NOTE 9 - Subsequent Events (Continued)

The Plan evaluated subsequent events through October 12, 2017, the date which the financial statements were available to be issued, for potential recognition and disclosure in the financial statements. No events have occurred that would require adjustment or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

PARTS AUTHORITY LLC
PROFIT SHARING AND 401(k) PLAN (formerly Parts Authority, Inc. Profit Sharing and 401(k) Plan)
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (Held at End of Year)
EIN: 81-2962479
PLAN NUMBER: 001
DECEMBER 31, 2016

(a) *	(b) Identity of Issuer, Borrower or Similar Party	(c) Description of Investment	(d) Costs ***	(e) Current Value
	MetLife Wilmington Stable Value Fund Series 25554 - Class 75	Common/Collective Trust **	$ -	$ 1,896,561
	State Street S&P 500 Index Securities Lending Series Fund - Class VII	Common/Collective Trust **	-	745,818
	State Street Russell Small Cap Index Securities Lending Series Fund - Class VI	Common/Collective Trust **	-	272,354
	State Street S&P MidCap Index Non-Lending Series Fund - Class G	Common/Collective Trust **	-	107,293
	Great West Guaranteed Portfolio Fund - Money Market	Interest Bearing Cash	-	106,038
	State Street International Index Securities Lending Series Fund -Class VII	Common/Collective Trust **	-	18,270
	American Funds American Balanced Fund - Class R3	Registered Investment Company **	-	2,647,099
	Alger Spectra Fund - Class A	Registered Investment Company **	-	1,192,202
	Federated International Leaders Fund - Class A	Registered Investment Company **	-	1,024,035
	MassMutual Select Mid Cap Growth Equity II Fund - Class R4	Registered Investment Company **	-	836,383
	Oppenheimer Global Value Fund - Class R	Registered Investment Company **	-	785,638
	JPMorgan Equity Income Fund - Class A	Registered Investment Company **	-	772,402
	Loomis Sayles Investment Grade Bond Fund - Class A	Registered Investment Company **	-	680,887
	Fidelity Advisor Large Cap Fund - Class M	Registered Investment Company **	-	629,939
	Putnam Income Fund A	Registered Investment Company **	-	589,190
	American Funds 2030 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	545,991
	ClearBridge Small Cap Growth Fund - Class A	Registered Investment Company **	-	513,541
	MFS Blended Research Core Equity Fund - Class R3	Registered Investment Company **	-	341,880
	Cohen & Steers Real Estate Securities A	Registered Investment Company **	-	219,044
	American Funds 2055 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	205,259
	Delaware Emerging Markets Fund - Class A	Registered Investment Company **	-	171,682
	American Funds 2025 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	160,967
	MFS Mid Cap Value Fund R3	Registered Investment Company **	-	154,059
	Loomis Sayles Strategic Income Fund - Class A	Registered Investment Company **	-	148,232
	Federated High Yield Trust - Service Class	Registered Investment Company **	-	146,588
	American Funds 2020 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	143,638
	Undiscovered Managers Behavioral Value Fund - Class A	Registered Investment Company **	-	134,016
	Templeton Global Total Return Fund - Class A	Registered Investment Company **	-	133,618
	American Independence U.S. Inflation-Protected Fund - Class A	Registered Investment Company **	-	116,048
	American Funds 2035 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	78,910
	American Funds 2040 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	45,860
	American Funds 2045 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	32,576
	American Funds 2050 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	20,541
	American Funds 2010 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	12,410
	American Funds 2015 Target Date Retirement Fund - Class R3	Registered Investment Company **	-	6,398
	Total Mutual Funds and Common Trusts		-	15,635,367
	Participant notes, maturing on dates ranging from January 2017 to December 2021, with interest rates ranging from 4.25% to 6.00% collateralized by participant's account		-	688,821
	Total		$ -	$ 16,324,188

The above information has been certified as complete and accurate by the Plan's trustee.

* A party-in-interest as defined by ERISA.

** There is no maturity date, rate of interest, collateral, par or maturity value.

*** The cost of participant-directed investments is not required to be disclose.

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(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		
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l		

Part II Income and Expense Statement

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

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

		(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: **(2)** EIN:

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			
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			

			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**			
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**			
e	Was this plan covered by a fidelity bond?	**4e**			
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**			
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**			
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**			
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**			
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**			
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**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
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**			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	**4o**			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN **EIN:** 81-2962479

Plan Sponsor's Name PARTS AUTHORITY LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	GREAT WEST GUARANTEED PORT	OTHER INVESTMENTS		106,038
	PARTICIPANT LOANS	INTEREST RATES (0.00% TO 0.00%)		622,024
	MFS BLENDED RES CORE EQ R3	REGISTERED INVESTMENT COMPANY		341,880
	LOOMIS SAYLES INV GRADE BND A	REGISTERED INVESTMENT COMPANY		680,887
	AMERFDS 2030 TARG DATE RET-R3	REGISTERED INVESTMENT COMPANY		545,991
	MASSMUTUAL SEL MIDCAP GR EQ R4	REGISTERED INVESTMENT COMPANY		836,383
	COHEN & STEERS REAL EST SEC A	REGISTERED INVESTMENT COMPANY		219,044

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN **EIN:** 81-2962479
Plan Sponsor's Name PARTS AUTHORITY LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	CLEARBRIDGE SMALL CAP GROWTH A	REGISTERED INVESTMENT COMPANY		513,541
	JPMORGAN EQ INC - A	REGISTERED INVESTMENT COMPANY		772,402
	AMERFDS 2020 TARG DATE RET-R3	REGISTERED INVESTMENT COMPANY		143,638
	AMERFDS 2035 TARG DATE RET-R3	REGISTERED INVESTMENT COMPANY		78,910
	TEMPLETON GLBL TOTAL RETURN A	REGISTERED INVESTMENT COMPANY		133,618
	FIDELITY ADVISOR LARGE CAP-M	REGISTERED INVESTMENT COMPANY		629,939
	AMERFDS 2050 TARG DATE RET-R3	REGISTERED INVESTMENT COMPANY		20,541

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN **EIN:** 81-2962479

Plan Sponsor's Name PARTS AUTHORITY LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	UNDISCOVERED MGRS BHVL VAL A	REGISTERED INVESTMENT COMPANY		134,016
	PUTNAM INCOME A	REGISTERED INVESTMENT COMPANY		589,190
	AMERFDS 2045 TARG DATE RET-R3	REGISTERED INVESTMENT COMPANY		32,576
	OPPENHEIMER GLOBAL VALUE R	REGISTERED INVESTMENT COMPANY		785,638
	AMERICAN FUNDS AMER BAL FD- R3	REGISTERED INVESTMENT COMPANY		2,647,099
	AMERFDS 2055 TARG DATE RET-R3	REGISTERED INVESTMENT COMPANY		205,259
	AMERFDS 2015 TARG DATE RET-R3	REGISTERED INVESTMENT COMPANY		6,398

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN **EIN:** 81-2962479
Plan Sponsor's Name PARTS AUTHORITY LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FEDERATED HIGH YIELD TRUST	REGISTERED INVESTMENT COMPANY		146,588
	MFS MID CAP VAL R3	REGISTERED INVESTMENT COMPANY		154,059
	AMERFDS 2025 TARG DATE RET-R3	REGISTERED INVESTMENT COMPANY		160,967
	ALGER SPECTRA - A	REGISTERED INVESTMENT COMPANY		1,192,202
	LOOMIS SAYLES STRATEGIC INC-A	REGISTERED INVESTMENT COMPANY		148,232
	AI US INFLATION PROTECTED A	REGISTERED INVESTMENT COMPANY		116,048
	AMERFDS 2010 TARG DATE RET-R3	REGISTERED INVESTMENT COMPANY		12,410

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN **EIN:** 81-2962479
Plan Sponsor's Name PARTS AUTHORITY LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DELAWARE EMERGING MARKETS FD A	REGISTERED INVESTMENT COMPANY		171,682
	FEDERATED INTL LEADERS - A	REGISTERED INVESTMENT COMPANY		1,024,035
	AMERFDS 2040 TARG DATE RET-R3	REGISTERED INVESTMENT COMPANY		45,860
	METLIFE WILM SV 25554 - 75	COMMON/COLLECTIVE TRUST		1,896,561
	STATE ST INTL IDX SEC LEND VII	COMMON/COLLECTIVE TRUST		18,270
	STATE ST RUSS SC IDX VI	COMMON/COLLECTIVE TRUST		272,354
	STATE ST S&P 500 IDX VII	COMMON/COLLECTIVE TRUST		745,818

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PARTS AUTHORITY LLC PROFIT SHARE/401K PLAN **EIN:** 81-2962479
Plan Sponsor's Name PARTS AUTHORITY LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	STATE ST S&P MD CP IDX NL G	COMMON/COLLECTIVE TRUST		107,293