

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
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
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 <u>KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ► <u>002</u>
		1c	Effective date of plan <u>01/01/1989</u>
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) <u>KTH PARTS INDUSTRIES, INC.</u> <u>1111 NORTH STATE ROUTE 235</u> <u>P.O. BOX 940</u> <u>ST. PARIS, OH 43072</u>	2b	Employer Identification Number (EIN) <u>34-1441988</u>
		2c	Plan Sponsor's telephone number <u>937-663-5941</u>
		2d	Business code (see instructions) <u>336300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	ART LIMING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	ANDREW DONAHOE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

3a Plan administrator's name and address ☒ 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: a Sponsor's name		4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1215
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)	838
a(2) Total number of active participants at the end of the plan year		6a(2)	864
b Retired or separated participants receiving benefits.....		6b	166
c Other retired or separated participants entitled to future benefits		6c	226
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	24
f Total. Add lines 6d and 6e		6f	1280
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan <u>KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KTH PARTS INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1441988</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>50782906</u>
b Actuarial value	2b <u>53690222</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>150</u> (2) Vested Funding Target <u>11175158</u> (3) Total Funding Target <u>11175158</u>
b For terminated vested participants	<u>227</u> <u>7235649</u> <u>7235649</u>
c For active participants	<u>838</u> <u>33318375</u> <u>34681587</u>
d Total	<u>1215</u> <u>51729182</u> <u>53092394</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.28 %</u>
6 Target normal cost	6 <u>2214140</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/10/2017</u>
Signature of actuary		Date
<u>JEFFREY A. SCHAPPEL, EA, MAAA</u>		<u>17-07786</u>
Type or print name of actuary		Most recent enrollment number
<u>CBIZ BENEFITS & INSURANCE, INC</u>		<u>216-447-9000</u>
Firm name		Telephone number (including area code)
<u>6050 OAK TREE BLVD, SUITE 500</u> <u>CLEVELAND, OH 44131</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2594435
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	2594435
10	Interest on line 9 using prior year's actual return of <u>-2.91</u> %	0	-75498
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		864529
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.47</u> %		55935
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		920464
d	Portion of (c) to be added to prefunding balance		920464
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3439401

Part III		Funding Percentages	
14	Funding target attainment percentage	14	94.64%
15	Adjusted funding target attainment percentage	15	101.10%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.17%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
10/14/2016	1000000		
01/15/2017	1000000		
04/15/2017	1000000		
07/15/2017	1000000		
Totals ►		18(b)	4000000
		18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3727000

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	63
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	2214140
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	2841574	1179548
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	3393688
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement		0
36	Additional cash requirement (line 34 minus line 35)	36	3393688
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3727000
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	333312
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 KTH PARTS INDUSTRIES, INC.		D Employer Identification Number (EIN) 34-1441988

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MERRILL LYNCH, PIERCE, FENNER SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	BROKERAGE	406761	Yes ☒ No ☐	Yes ☒ No ☐	3844	Yes ☐ No ☒

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	38729	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 KTH PARTS INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1441988	

Part I	Asset and Liability Statement
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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	18642	8890
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	3000000	3000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	224396	200408
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	912464	489386
(2) U.S. Government securities	1c(2)	6569175	7139758
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5703093	7200428
(B) All other.....	1c(3)(B)	851516	734536
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	704801	442438
(B) Common.....	1c(4)(B)	30065923	37286818
(5) Partnership/joint venture interests	1c(5)	1610529	1225522
(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)	1175747	1292098
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	50836286	59020282

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	50836286	59020282
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5538	
(B) U.S. Government securities	2b(1)(B)	40175	
(C) Corporate debt instruments	2b(1)(C)	404559	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	86724	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		536996
(2) Dividends: (A) Preferred stock	2b(2)(A)	1257789	
(B) Common stock	2b(2)(B)	42864	
(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)		1300653
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	30585254	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29904799	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		680455
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3387534	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3387534

		(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		9905638

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1274699	
(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)		1274699
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)	446943	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		446943
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1721642

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8183996
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: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
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 4056790. (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.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KTH PARTS INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1441988</u>

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	<u>0</u>
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): <u>22-3513863</u>		
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	<u>1</u>

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

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

Schedule R (Form 5500) 2016
v. 160205

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: <u>65.0</u> % Investment-Grade Debt: <u>30.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>5.0</u> % 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
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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 / / .	

KTH Parts Industries, Inc. Associate Retirement Plan

Financial Report
December 31, 2016

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Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the KTH Parts Industries, Inc. Associate Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015 and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Bank of America, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certification from the trustee as of December 31, 2016 and 2015 and for the years then ended, 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.

Independent Auditor's Report (Continued)

Other Matter

The supplemental schedules, Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

RSM US LLP

Dayton, Ohio
October 13, 2017

KTH Parts Industries, Inc. Associate Retirement Plan

**Statements of Net Assets Available for Benefits
December 31, 2016 and 2015**

	2016	2015
Assets		
Investments, at fair value:		
Common stocks	\$ 37,286,818	\$ 30,065,923
Preferred stocks	442,438	704,801
Mutual funds	1,292,098	1,175,747
Municipal bonds	734,536	851,516
Corporate bonds	7,300,428	5,803,093
Limited partnership interests	1,225,522	1,610,529
U.S. Government securities	6,987,296	5,926,343
Mortgage-backed securities	152,462	642,832
Money market fund	389,386	812,464
Total investments	55,810,984	47,593,248
Receivables:		
Accrued investment income	200,408	224,396
Employer contributions	3,000,000	3,000,000
Total receivables	3,200,408	3,224,396
Cash	8,890	18,642
Liabilities	-	-
Net assets available for benefits	\$ 59,020,282	\$ 50,836,286

See notes to financial statements.

KTH Parts Industries, Inc. Associate Retirement Plan

**Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2016 and 2015**

	2016	2015
Investment income (loss):		
Interest and dividends	\$ 1,767,660	\$ 1,633,101
Net appreciation (depreciation) in fair value of investments	4,137,978	(2,624,615)
Net investment income (loss)	5,905,638	(991,514)
Employer contributions	4,000,000	4,000,000
Total additions	9,905,638	3,008,486
Deductions from net assets attributable to:		
Benefits paid to participants or beneficiaries	1,274,699	989,092
Administrative expenses	446,943	410,038
Total deductions	1,721,642	1,399,130
Net increase	8,183,996	1,609,356
Net assets available for benefits:		
Beginning	50,836,286	49,226,930
Ending	\$ 59,020,282	\$ 50,836,286

See notes to financial statements.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 1. Description of the Plan

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

General: The Plan is a noncontributory defined benefit pension plan covering substantially all full-time associates (other than Japanese national associates) of the Employer. Eligible associates must have completed one full year of employment and attained the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Effective July 1, 2016, no eligible associates hired or rehired on or after July 1, 2016 shall commence participation in the Plan.

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

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

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

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

Note 2. Summary of Significant Accounting Policies

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

Investment valuation and income recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividend income is recognized on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Capital gain distributions are included in dividend and interest income.

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

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

The actuarial present value of accumulated plan benefits is determined by an actuary from CBIZ Benefits & Insurance Services of Ohio, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation were (a) life expectancy of participants based on the RP-2014 mortality with blue collar adjustments; scale MP-2016 fully generational; (b) assumed 25% of participants retire at age 58, 25% retire at age 62 and the remainder retire at age 65; (c) interest rate of 8.00%; and (d) average rate of future salary increases of 3%. Significant changes in assumptions during the year include a change in the improvement scale from MP-2015 to MP-2016.

The foregoing actuarial assumptions are based on the presumption that the Plan, although frozen as of July 1, 2016, will continue for participants who were eligible as of June 30, 2016. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2016. Had the valuation been performed as of December 31, 2015, there would be no material differences.

The following table summarizes the actuarial present value of accumulated plan benefits as of December 31, 2015 and the changes in accumulated plan benefits for the year then ended:

Vested benefits:

Participants currently receiving payments	\$ 9,577,275
Other participants	30,955,238
Nonvested benefits	1,094,240
Total	\$ 41,626,753

Actuarial present value of accumulated plan benefits at beginning of year	\$ 38,386,588
Increase (decrease) attributable to:	
Change in assumptions	(769,336)
Benefits accumulated and non investment experience	1,967,230
Decrease in discount period	3,031,363
Benefits paid	(989,092)
Net increase	3,240,165
Actuarial present value of accumulated plan benefits at end of year	\$ 41,626,753

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

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

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

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

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

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through October 13, 2017 the date the financial statements were available to be issued.

Note 3. Information Certified by the Plan's Trustee

The investment information included throughout the Plan's financial statements and supplemental schedules as of and for the years ended December 31, 2016 and 2015 was prepared by or derived from information provided by the trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that information provided to the Plan administrator by the trustee related to these Plan assets is complete and accurate.

Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in Note 6 and the supplemental schedules related to the Plan's assets.

Bank of America, N.A. also certified to the completeness and accuracy of \$4,137,978 of net appreciation and \$2,624,615 of net depreciation in fair value of investments and \$1,767,660 and \$1,633,101 of interest and dividends for the years ended December 31, 2016 and 2015, respectively.

Note 4. Funding Policy

The Employer's policy is to fund normal pension costs on a current basis and to fund prior service costs over a 10-year period. The minimum funding requirements as set forth in ERISA have been met for both 2016 and 2015.

Note 5. Plan Termination

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

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

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

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 5. Plan Termination (Continued)

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

Note 6. Fair Value Information

The Plan has determined the fair value of certain assets through application of accounting guidance that establishes a framework for measuring fair values. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this standard are described below:

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

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

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

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

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 6. Fair Value Information (Continued)

Money market fund: Valued at the net asset value (NAV) of shares held by the Plan at year end, as reported to the Plan by the trustee. A fund's NAV reflects an exit price, is the same for all holders of the fund and provides the basis for current transactions. The fund has no unfunded commitments as of December 31, 2016 and 2015. In addition, the funds redemption frequency is immediate, with no required notice period.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table summarizes assets measured at fair value on a recurring basis as of December 31, 2016 and 2015 segregated by the level of the valuation inputs within the fair value hierarchy utilized to measure fair value.

	December 31, 2016			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 37,286,818	\$ -	\$ -	\$ 37,286,818
Preferred stocks	-	442,438	-	442,438
Mutual funds	1,292,098	-	-	1,292,098
Money market funds	389,386	-	-	389,386
Municipal bonds	-	734,536	-	734,536
Corporate bonds	-	7,300,428	-	7,300,428
Limited partnership interests	1,225,522	-	-	1,225,522
U.S. Government securities	-	6,987,296	-	6,987,296
Mortgage-backed securities	-	152,462	-	152,462
Total investments, at fair value	\$ 40,193,824	\$ 15,617,160	\$ -	\$ 55,810,984

	December 31, 2015			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 30,065,923	\$ -	\$ -	\$ 30,065,923
Preferred stocks	-	704,801	-	704,801
Mutual funds	1,175,747	-	-	1,175,747
Money market funds	812,464	-	-	812,464
Municipal bonds	-	851,516	-	851,516
Corporate bonds	-	5,803,093	-	5,803,093
Limited partnership interests	1,610,529	-	-	1,610,529
U.S. Government securities	-	5,926,343	-	5,926,343
Mortgage-backed securities	-	642,832	-	642,832
Total investments, at fair value	\$ 33,664,663	\$ 13,928,585	\$ -	\$ 47,593,248

Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2016 and 2015, there were no significant transfers in or out of Levels 1, 2 or 3.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 7. Income Tax Status

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

The Plan administrator evaluated the Plan's tax positions and concluded that there are no uncertain tax positions that require recognition or disclosure in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by tax authorities for years before 2013.

Note 8. Risks and Uncertainties

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

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

Note 9. Related-Party Transactions

Fees paid for trustee and investment management services rendered by Bank of America, N.A. qualify as exempt party-in-interest transactions; such fees totaled \$446,943 and \$410,038 during 2016 and 2015, respectively.

Supplemental Schedules

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification No. 34-1441988

Plan No. 002

Schedule H, Part IV, Line 4(i)

Schedule of Assets (Held at End of Year)

December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks:			
	Abbott Labs	12,270 shares	\$ 407,871	\$ 471,291
	Abbvie Inc.	12,160 shares	534,012	761,459
	Altria Group Inc.	11,560 shares	699,958	781,687
	Anheuser-Busch	9,000 shares	898,303	948,960
	Apple Computer Inc.	2,340 shares	257,044	271,019
	Astrazeneca	19,575 shares	599,974	534,789
	AT&T Inc.	17,500 shares	493,246	744,275
	Automatic Data Proc.	13,335 shares	728,399	1,370,571
	Autozone Inc.	380 shares	304,410	300,120
	Bank of Montreal	9,260 shares	501,103	665,979
	Bank of Nova Scotia	9,975 shares	544,394	555,408
	Boeing Company	6,835 shares	899,906	1,064,073
	Chevron Corp.	7,190 shares	675,416	846,263
	Coca Cola Company	20,655 shares	900,170	856,356
	Consolidated Edison Inc.	9,340 shares	492,811	688,171
	Cullent Frost Bankers	11,865 shares	697,900	1,046,849
	Diageo PLC	3,215 shares	189,012	334,167
	Dow Chemical	11,180 shares	342,292	639,720
	Duke Energy Corp	9,025 shares	699,814	700,520
	Emerson Elec Co	14,265 shares	750,320	795,274
	Exelon Corporation	16,475 shares	600,019	584,698
	Exxon Mobil Corp.	14,665 shares	1,252,230	1,323,663
	Ford Motor Co.	34,400 shares	479,575	417,272
	General Motors Co.	16,425 shares	549,487	572,247
	Glaxosmithkline PLC	16,505 shares	747,805	635,608
	HP Inc.	19,620 shares	304,781	291,161
	Honda Motor	8,100 shares	189,270	236,439
	Hospitality Pptys.	12,665 shares	297,520	401,987
	Huntington Bancshares	32,680 shares	306,722	432,030
	International Business Machine	4,645 shares	691,766	771,023
	iShares Edge MSCI Min Vol USA	67,200 shares	2,797,417	3,038,784
	Johnson & Johnson	6,675 shares	462,249	769,027
	Microsoft Corp.	18,090 shares	520,119	1,124,113
	OGE Energy Corp	17,300 shares	499,970	578,685
	PNC Financial Corp	3,670 shares	307,573	429,243
	Peyto Expl. And Development Corp.	9,400 shares	234,668	232,782
	Pfizer Inc.	24,240 shares	757,953	787,315
	Philip Morris Intl. Inc.	7,070 shares	453,059	646,834
	Pinnacle West Capital Corp.	9,660 shares	554,999	753,770
	Prudential Financial Inc.	2,630 shares	270,702	273,678
	Public Service Enterprise Group	15,300 shares	700,354	671,364
	Qualcomm Inc.	13,550 shares	684,925	883,460
	Range Resources Corp	8,335 shares	303,686	286,391
	Royal Bank Canada	14,810 shares	900,582	1,002,785
	San Juan B Rty.	25,640 shares	381,704	169,737
	Sanofi Synthelabo Spn	20,825 shares	840,969	842,163
	Target Corp	12,120 shares	899,854	875,427
	Tesoro Pete Corp	3,225 shares	259,958	282,026
	Total S.A. Sponsored ADR	14,120 shares	694,380	719,696
	UnitedHealth Group Inc.	2,280 shares	298,680	364,891
	Valero Energy Corp	11,670 shares	699,617	797,294
	Verizon Communications	18,965 shares	916,080	1,012,352
	Walt Disney Company	6,735 shares	199,877	701,922
			<u>\$ 31,674,905</u>	<u>\$ 37,286,818</u>

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan
Employer Identification No. 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(i)
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Preferred stocks:				
	Wells Fargo & Co.	16,740 shares	\$ 399,937	\$ 442,438
Mutual funds:				
	Eaton Vance Richard Bernstein Equity Strategy I	19,304 shares	\$ 247,924	\$ 288,602
	Ishares Barclays TIPS Bond Fund	4,368 shares	470,365	494,305
	Pimco All Asset	45,545 shares	576,215	509,191
			<u>\$ 1,294,504</u>	<u>\$ 1,292,098</u>
Municipal bonds:				
	District Columbia, 5.67%, due 6/1/22	250,000 par	\$ 282,823	\$ 286,880
	Evansville IN, 5.75%, due 2/1/20	300,000 par	345,342	332,469
	New Jersey Environmental, 5.25%, due 9/1/21	100,000 par	105,750	115,187
			<u>\$ 733,915</u>	<u>\$ 734,536</u>
Corporate bonds:				
	AT&T Inc., 2.375%, due 11/27/18	200,000 par	\$ 200,860	\$ 201,748
	AT&T Inc., 2.45%, due 6/30/20	200,000 par	199,200	198,606
	Abbvie Inc., 2.50%, due 5/14/20	200,000 par	204,870	200,052
	Agilent Technologies Inc., 3.20%, due 10/1/22	250,000 par	251,865	250,495
	American Intl. Group, 5.85%, due 1/16/18	100,000 par	107,437	104,277
	Apple Inc., 2.50%, due 2/9/25	200,000 par	197,444	192,182
	Citigroup Inc., 2.50%, due 9/26/18	150,000 par	153,337	151,436
	Conagra Inc., 5.819%, due 6/15/17	100,000 par	109,336	101,946
	Credit Suisse, 5.40%, due 1/14/20	200,000 par	203,960	214,428
	Devon Energy Corporation, 4.00%, due 7/15/21	200,000 par	163,736	206,680
	Diageo Capital PLC, 5.75%, due 10/23/17	150,000 par	164,940	155,085
	Dow Chemical Co., 4.125%, due 11/15/21	100,000 par	105,722	105,663
	Ebay Inc., 2.20%, due 8/1/19	100,000 par	101,300	99,954
	Exelon Generation Co., LLC, 5.20%, due 10/01/19	100,000 par	104,404	107,176
	Express Scripts Holding Co., 2.250%, due 6/15/19	150,000 par	150,782	149,984
	Georgia Power Company, 5.70%, due 06/01/17	100,000 par	110,502	101,814
	Goldman Sachs Group, 6.15%, due 04/01/18	100,000 par	101,353	105,192
	Goldman Sachs Group, 5.25%, due 07/27/21	250,000 par	240,525	273,997
	HSBC Finance Corp., 5.00%, due 9/27/20	200,000 par	217,740	212,474
	HSBC Finance Corp., 6.676%, due 01/15/21	100,000 par	104,244	112,404
	Hewlett-Packard Co., 4.05%, due 9/15/22	250,000 par	254,008	258,732
	IBM Corp, 3.45%, due 2/19/26	200,000 par	202,330	204,616
	John Deere Capital Corp., 2.75%, due 3/15/22	150,000 par	149,464	150,483
	JPMorgan Chase & Co., 3.20%, due 1/25/23	300,000 par	299,985	303,339
	JPMorgan Chase & Co., 4.125%, due 12/15/26	200,000 par	202,938	204,132
	Kimberly-Clark Corp., 3.875%, due 03/01/21	200,000 par	220,262	214,254
	Lockheed Martin Corp, 3.35%, due 9/15/21	250,000 par	256,505	258,170
	Morgan Stanley, 5.50%, due 07/24/20	100,000 par	91,339	109,521
	Morgan Stanley, 5.75%, due 1/25/2021	100,000 par	97,723	110,958
	Morgan Stanley, 5.50%, due 1/26/20	100,000 par	93,699	100,000
	Nucor Corp, 5.85%, due 6/1/2018	100,000 par	115,411	105,355
	Occidental Petroleum Corp., 2.70%, due 2/15/23	300,000 par	301,737	297,093
	Oracle Corp, 1.90%, due 9/15/21	100,000 par	100,647	97,719
	Plains Exploration & Pro, 6.125%, due 6/15/19	128,000 par	140,774	130,880
	Telefonica SA, 5.877%, due 7/15/19	150,000 par	153,675	162,576
	Telefonica Emisiones Co., 5.462%, due 2/16/21	150,000 par	150,000	163,005
	Time Warner Cable Inc, 5.00%, due 2/1/2020	100,000 par	110,330	106,133
	Unitedhealth Group Inc., 1.40%, due 10/15/17	250,000 par	250,630	250,365
	Verizon Communications, 5.15%, due 9/15/23	300,000 par	311,799	331,722
	Vodafone Group PLC, 2.95%, due 2/19/23	300,000 par	296,856	290,886
	Western Union Co., 3.65%, due 8/22/18	200,000 par	206,444	204,896
			<u>\$ 7,200,113</u>	<u>\$ 7,300,428</u>

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification No. 34-1441988

Plan No. 002

Schedule H, Part IV, Line 4(i)

Schedule of Assets (Held at End of Year) (Continued)

December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Limited partnership interests:			
	Enterprise Products Partners	16,360 units	\$ 268,242	\$ 442,374
	Magellan Midstream Partners	6,465 units	251,539	488,948
	TC Pipelines LP	5,000 units	230,292	294,200
			<u>\$ 750,073</u>	<u>\$ 1,225,522</u>
	U.S. Government securities:			
	U.S. Treasury, 9.125% bond, due 5/15/18	200,000 par	\$ 274,465	\$ 221,898
	U.S. Treasury, 8.875% bond, due 2/15/19	100,000 par	133,668	116,172
	U.S. Treasury, 8.50% bond, due 2/15/20	100,000 par	131,949	121,266
	U.S. Treasury, 7.875% bond, due 2/15/21	100,000 par	142,156	124,055
	U.S. Treasury, 2.75% note, due 2/15/24	600,000 par	619,137	619,686
	U.S. Treasury, 2.375% note, due 8/15/24	250,000 par	252,578	251,163
	U.S. Treasury, 4.50% note, due 4/15/17	100,000 par	114,973	101,398
	U.S. Treasury, 2.25% note, due 11/15/24	200,000 par	196,953	198,774
	U.S. Treasury, 2.00% note, due 2/15/25	1,000,000 par	1,002,031	973,280
	U.S. Treasury, 2.75% note, due 2/15/19	300,000 par	300,703	309,423
	U.S. Treasury, 3.375% note, due 11/15/19	100,000 par	101,805	105,504
	U.S. Treasury, 2.25% note, due 11/15/25	200,000 par	195,492	197,438
	U.S. Treasury, 3.50% note, due 5/15/20	200,000 par	207,609	212,586
	U.S. Treasury, 2.125% note, due 12/31/22	350,000 par	366,365	349,807
	U.S. Treasury, 1.625% note, due 2/15/26	300,000 par	293,625	280,314
	U.S. Treasury, 3.125% note, due 5/15/21	100,000 par	99,770	105,379
	U.S. Treasury, 1.625% note, due 5/15/26	400,000 par	368,500	373,000
	U.S. Treasury, 2.00% note, due 2/15/22	300,000 par	300,492	300,468
	U.S. Treasury, 1.00% note, due 3/31/17	200,000 par	201,920	200,248
	U.S. Treasury, 1.125% note, due 12/31/19	300,000 par	289,383	297,081
	U.S. Treasury, 2.125% note, due 11/30/23	200,000 par	197,078	198,672
	U.S. Treasury, 1.375% note, due 6/30/18	100,000 par	100,847	100,469
	U.S. Treasury, 2.50% note, due 5/15/24	350,000 par	349,398	355,236
	U.S. Treasury, 1.50% note, due 8/15/26	400,000 par	363,438	367,892
	U.S. Treasury Prin Strip, 0%, due 5/15/17	350,000 par	205,393	349,311
	U.S. Treasury Prin Strip, 0%, due 11/15/18	160,000 par	97,203	156,776
			<u>\$ 6,906,931</u>	<u>\$ 6,987,296</u>
	Mortgage-backed securities:			
	Federal Home Loan Mortgage Corp., 2.375% note, due 1/13/22	150,000 par	\$ 149,190	\$ 152,461
	Money market fund:			
*	BIF Money Fund	389,386 shares	\$ 389,386	\$ 389,386

* Represents a party-in-interest.

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

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification No. 34-1441988

Plan No. 002

Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2016

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Category (i) - Single transaction in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A. BIF Money Fund		\$2,975,142	\$ -	\$ 2,975,142	\$ 2,975,142	\$ -
Bank of America, N.A. BIF Money Fund		-	3,386,443	3,386,443	3,386,443	-
Category (iii) - Series of transactions in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A. BIF Money Fund		\$ -	\$13,217,105	\$13,217,105	\$13,217,105	\$ -
Bank of America, N.A. BIF Money Fund		12,794,027	-	12,794,027	12,794,027	-

There were no reportable category (ii) or (iv) transactions for the year ended December 31, 2016.

There were no lease rental activity or expenses incurred with the Plan.

Therefore, columns (e) and (f) were eliminated for presentation purposes.

**Schedule SB, line 26 –
Schedule of Active Participant Data**

	Years of credited service:										
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	> 40	Total
Attained Age											
Under 25	0	41	6	0	0	0	0	0	0	0	47
25 to 29	0	56	19	7	0	0	0	0	0	0	82
30 to 34	0	32	18	13	0	0	0	0	0	0	63
35 to 39	0	23	12	12	6	0	0	0	0	0	53
40 to 44	0	26	14	5	20	17	2	0	0	0	84
45 to 49	0	23	15	13	29	27	42	8	0	0	157
50 to 54	0	15	24	8	18	19	55	27	0	0	166
55 to 59	0	6	16	6	21	13	35	26	0	0	123
60 to 64	0	3	6	3	5	11	19	7	0	0	54
65 to 69	0	0	1	0	1	1	5	1	0	0	9
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	225	131	67	100	88	158	69	0	0	838

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

Interest Rates		<u>HATFA</u>
	1 st Segment Rate	4.42%
	2 nd Segment Rate	5.91%
	3 rd Segment Rate	6.65%
Salary Scale	3.00% per year	
Mortality Rates	2016 Combined Mortality for healthy lives Disability Mortality per IRS Rev. Ruling 96-7 for Disabled	
Retirement	25% at age 58; 25% at age 62; and the remainder at age 65	
Form of payment	All assumed to elect the normal form of payment	
Employees excluded	Those associates not eligible to participate	
Marriage	100% of males and 100% of females are assumed to be married. Wives are assumed to be three years younger than their husbands.	
Actuarial Value of Assets	Actuarial Value of Assets – The Actuarial Value of Assets (AVA) must be within 10% of the Market Value of Assets on the valuation date and no more than 24 months of past experience can be recognized in the smoothing process.	
Changes to assumptions	Mortality and interest rates were changed as required by PPA '06 to the 2015 Combined Mortality for healthy lives and the segmented interest rates detailed above.	

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

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

**Schedule SB, line 32 –
Schedule of Amortization Bases**

Type of Base	Date Established	Remaining Balance	Payment	Years Remaining At Val Date
Shortfall	1/1/2010	920,994	920,994	1
Shortfall	1/1/2011	457,319	233,614	2
Shortfall	1/1/2012	(2,355,043)	(812,319)	3
Shortfall	1/1/2013	2,730,666	727,674	4
Shortfall	1/1/2014	(1,462,004)	(318,283)	5
Shortfall	1/1/2015	452,464	84,670	6
Shortfall	1/1/2016	2,077,178	343,198	7
Total		\$ 2,841,574	\$1,179,548	

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification No. 34-1441988

Plan No. 002

Schedule H, Part IV, Line 4(i)

Schedule of Assets (Held at End of Year)

December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks:			
	Abbott Labs	12,270 shares	\$ 407,871	\$ 471,291
	Abbvie Inc.	12,160 shares	534,012	761,459
	Altria Group Inc.	11,560 shares	699,958	781,687
	Anheuser-Busch	9,000 shares	898,303	948,960
	Apple Computer Inc.	2,340 shares	257,044	271,019
	Astrazeneca	19,575 shares	599,974	534,789
	AT&T Inc.	17,500 shares	493,246	744,275
	Automatic Data Proc.	13,335 shares	728,399	1,370,571
	Autozone Inc.	380 shares	304,410	300,120
	Bank of Montreal	9,260 shares	501,103	665,979
	Bank of Nova Scotia	9,975 shares	544,394	555,408
	Boeing Company	6,835 shares	899,906	1,064,073
	Chevron Corp.	7,190 shares	675,416	846,263
	Coca Cola Company	20,655 shares	900,170	856,356
	Consolidated Edison Inc.	9,340 shares	492,811	688,171
	Cullent Frost Bankers	11,865 shares	697,900	1,046,849
	Diageo PLC	3,215 shares	189,012	334,167
	Dow Chemical	11,180 shares	342,292	639,720
	Duke Energy Corp	9,025 shares	699,814	700,520
	Emerson Elec Co	14,265 shares	750,320	795,274
	Exelon Corporation	16,475 shares	600,019	584,698
	Exxon Mobil Corp.	14,665 shares	1,252,230	1,323,663
	Ford Motor Co.	34,400 shares	479,575	417,272
	General Motors Co.	16,425 shares	549,487	572,247
	Glaxosmithkline PLC	16,505 shares	747,805	635,608
	HP Inc.	19,620 shares	304,781	291,161
	Honda Motor	8,100 shares	189,270	236,439
	Hospitality Pptys.	12,665 shares	297,520	401,987
	Huntington Bancshares	32,680 shares	306,722	432,030
	International Business Machine	4,645 shares	691,766	771,023
	iShares Edge MSCI Min Vol USA	67,200 shares	2,797,417	3,038,784
	Johnson & Johnson	6,675 shares	462,249	769,027
	Microsoft Corp.	18,090 shares	520,119	1,124,113
	OGE Energy Corp	17,300 shares	499,970	578,685
	PNC Financial Corp	3,670 shares	307,573	429,243
	Peyto Expl. And Development Corp.	9,400 shares	234,668	232,782
	Pfizer Inc.	24,240 shares	757,953	787,315
	Philip Morris Intl. Inc.	7,070 shares	453,059	646,834
	Pinnacle West Capital Corp.	9,660 shares	554,999	753,770
	Prudential Financial Inc.	2,630 shares	270,702	273,678
	Public Service Enterprise Group	15,300 shares	700,354	671,364
	Qualcomm Inc.	13,550 shares	684,925	883,460
	Range Resources Corp	8,335 shares	303,686	286,391
	Royal Bank Canada	14,810 shares	900,582	1,002,785
	San Juan B Rty.	25,640 shares	381,704	169,737
	Sanofi Synthelabo Spn	20,825 shares	840,969	842,163
	Target Corp	12,120 shares	899,854	875,427
	Tesoro Pete Corp	3,225 shares	259,958	282,026
	Total S.A. Sponsored ADR	14,120 shares	694,380	719,696
	UnitedHealth Group Inc.	2,280 shares	298,680	364,891
	Valero Energy Corp	11,670 shares	699,617	797,294
	Verizon Communications	18,965 shares	916,080	1,012,352
	Walt Disney Company	6,735 shares	199,877	701,922
			<u>\$ 31,674,905</u>	<u>\$ 37,286,818</u>

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan
Employer Identification No. 34-1441988
Plan No. 002
Schedule H, Part IV, Line 4(i)
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Preferred stocks:				
	Wells Fargo & Co.	16,740 shares	\$ 399,937	\$ 442,438
Mutual funds:				
	Eaton Vance Richard Bernstein Equity Strategy I	19,304 shares	\$ 247,924	\$ 288,602
	Ishares Barclays TIPS Bond Fund	4,368 shares	470,365	494,305
	Pimco All Asset	45,545 shares	576,215	509,191
			<u>\$ 1,294,504</u>	<u>\$ 1,292,098</u>
Municipal bonds:				
	District Columbia, 5.67%, due 6/1/22	250,000 par	\$ 282,823	\$ 286,880
	Evansville IN, 5.75%, due 2/1/20	300,000 par	345,342	332,469
	New Jersey Environmental, 5.25%, due 9/1/21	100,000 par	105,750	115,187
			<u>\$ 733,915</u>	<u>\$ 734,536</u>
Corporate bonds:				
	AT&T Inc., 2.375%, due 11/27/18	200,000 par	\$ 200,860	\$ 201,748
	AT&T Inc., 2.45%, due 6/30/20	200,000 par	199,200	198,606
	Abbvie Inc., 2.50%, due 5/14/20	200,000 par	204,870	200,052
	Agilent Technologies Inc., 3.20%, due 10/1/22	250,000 par	251,865	250,495
	American Intl. Group, 5.85%, due 1/16/18	100,000 par	107,437	104,277
	Apple Inc., 2.50%, due 2/9/25	200,000 par	197,444	192,182
	Citigroup Inc., 2.50%, due 9/26/18	150,000 par	153,337	151,436
	Conagra Inc., 5.819%, due 6/15/17	100,000 par	109,336	101,946
	Credit Suisse, 5.40%, due 1/14/20	200,000 par	203,960	214,428
	Devon Energy Corporation, 4.00%, due 7/15/21	200,000 par	163,736	206,680
	Diageo Capital PLC, 5.75%, due 10/23/17	150,000 par	164,940	155,085
	Dow Chemical Co., 4.125%, due 11/15/21	100,000 par	105,722	105,663
	Ebay Inc., 2.20%, due 8/1/19	100,000 par	101,300	99,954
	Exelon Generation Co., LLC, 5.20%, due 10/01/19	100,000 par	104,404	107,176
	Express Scripts Holding Co., 2.250%, due 6/15/19	150,000 par	150,782	149,984
	Georgia Power Company, 5.70%, due 06/01/17	100,000 par	110,502	101,814
	Goldman Sachs Group, 6.15%, due 04/01/18	100,000 par	101,353	105,192
	Goldman Sachs Group, 5.25%, due 07/27/21	250,000 par	240,525	273,997
	HSBC Finance Corp., 5.00%, due 9/27/20	200,000 par	217,740	212,474
	HSBC Finance Corp., 6.676%, due 01/15/21	100,000 par	104,244	112,404
	Hewlett-Packard Co., 4.05%, due 9/15/22	250,000 par	254,008	258,732
	IBM Corp, 3.45%, due 2/19/26	200,000 par	202,330	204,616
	John Deere Capital Corp., 2.75%, due 3/15/22	150,000 par	149,464	150,483
	JPMorgan Chase & Co., 3.20%, due 1/25/23	300,000 par	299,985	303,339
	JPMorgan Chase & Co., 4.125%, due 12/15/26	200,000 par	202,938	204,132
	Kimberly-Clark Corp., 3.875%, due 03/01/21	200,000 par	220,262	214,254
	Lockheed Martin Corp, 3.35%, due 9/15/21	250,000 par	256,505	258,170
	Morgan Stanley, 5.50%, due 07/24/20	100,000 par	91,339	109,521
	Morgan Stanley, 5.75%, due 1/25/2021	100,000 par	97,723	110,958
	Morgan Stanley, 5.50%, due 1/26/20	100,000 par	93,699	100,000
	Nucor Corp, 5.85%, due 6/1/2018	100,000 par	115,411	105,355
	Occidental Petroleum Corp., 2.70%, due 2/15/23	300,000 par	301,737	297,093
	Oracle Corp, 1.90%, due 9/15/21	100,000 par	100,647	97,719
	Plains Exploration & Pro, 6.125%, due 6/15/19	128,000 par	140,774	130,880
	Telefonica SA, 5.877%, due 7/15/19	150,000 par	153,675	162,576
	Telefonica Emisiones Co., 5.462%, due 2/16/21	150,000 par	150,000	163,005
	Time Warner Cable Inc, 5.00%, due 2/1/2020	100,000 par	110,330	106,133
	Unitedhealth Group Inc., 1.40%, due 10/15/17	250,000 par	250,630	250,365
	Verizon Communications, 5.15%, due 9/15/23	300,000 par	311,799	331,722
	Vodafone Group PLC, 2.95%, due 2/19/23	300,000 par	296,856	290,886
	Western Union Co., 3.65%, due 8/22/18	200,000 par	206,444	204,896
			<u>\$ 7,200,113</u>	<u>\$ 7,300,428</u>

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification No. 34-1441988

Plan No. 002

Schedule H, Part IV, Line 4(i)

Schedule of Assets (Held at End of Year) (Continued)

December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Limited partnership interests:			
	Enterprise Products Partners	16,360 units	\$ 268,242	\$ 442,374
	Magellan Midstream Partners	6,465 units	251,539	488,948
	TC Pipelines LP	5,000 units	230,292	294,200
			<u>\$ 750,073</u>	<u>\$ 1,225,522</u>
	U.S. Government securities:			
	U.S. Treasury, 9.125% bond, due 5/15/18	200,000 par	\$ 274,465	\$ 221,898
	U.S. Treasury, 8.875% bond, due 2/15/19	100,000 par	133,668	116,172
	U.S. Treasury, 8.50% bond, due 2/15/20	100,000 par	131,949	121,266
	U.S. Treasury, 7.875% bond, due 2/15/21	100,000 par	142,156	124,055
	U.S. Treasury, 2.75% note, due 2/15/24	600,000 par	619,137	619,686
	U.S. Treasury, 2.375% note, due 8/15/24	250,000 par	252,578	251,163
	U.S. Treasury, 4.50% note, due 4/15/17	100,000 par	114,973	101,398
	U.S. Treasury, 2.25% note, due 11/15/24	200,000 par	196,953	198,774
	U.S. Treasury, 2.00% note, due 2/15/25	1,000,000 par	1,002,031	973,280
	U.S. Treasury, 2.75% note, due 2/15/19	300,000 par	300,703	309,423
	U.S. Treasury, 3.375% note, due 11/15/19	100,000 par	101,805	105,504
	U.S. Treasury, 2.25% note, due 11/15/25	200,000 par	195,492	197,438
	U.S. Treasury, 3.50% note, due 5/15/20	200,000 par	207,609	212,586
	U.S. Treasury, 2.125% note, due 12/31/22	350,000 par	366,365	349,807
	U.S. Treasury, 1.625% note, due 2/15/26	300,000 par	293,625	280,314
	U.S. Treasury, 3.125% note, due 5/15/21	100,000 par	99,770	105,379
	U.S. Treasury, 1.625% note, due 5/15/26	400,000 par	368,500	373,000
	U.S. Treasury, 2.00% note, due 2/15/22	300,000 par	300,492	300,468
	U.S. Treasury, 1.00% note, due 3/31/17	200,000 par	201,920	200,248
	U.S. Treasury, 1.125% note, due 12/31/19	300,000 par	289,383	297,081
	U.S. Treasury, 2.125% note, due 11/30/23	200,000 par	197,078	198,672
	U.S. Treasury, 1.375% note, due 6/30/18	100,000 par	100,847	100,469
	U.S. Treasury, 2.50% note, due 5/15/24	350,000 par	349,398	355,236
	U.S. Treasury, 1.50% note, due 8/15/26	400,000 par	363,438	367,892
	U.S. Treasury Prin Strip, 0%, due 5/15/17	350,000 par	205,393	349,311
	U.S. Treasury Prin Strip, 0%, due 11/15/18	160,000 par	97,203	156,776
			<u>\$ 6,906,931</u>	<u>\$ 6,987,296</u>
	Mortgage-backed securities:			
	Federal Home Loan Mortgage Corp., 2.375% note, due 1/13/22	150,000 par	\$ 149,190	\$ 152,461
	Money market fund:			
*	BIF Money Fund	389,386 shares	\$ 389,386	\$ 389,386

* Represents a party-in-interest.

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

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification No. 34-1441988

Plan No. 002

**Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
Year Ended December 31, 2016**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Category (i) - Single transaction in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A. BIF Money Fund		\$2,975,142	\$ -	\$ 2,975,142	\$ 2,975,142	\$ -
Bank of America, N.A. BIF Money Fund		-	3,386,443	3,386,443	3,386,443	-
Category (iii) - Series of transactions in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A. BIF Money Fund		\$ -	\$13,217,105	\$13,217,105	\$13,217,105	\$ -
Bank of America, N.A. BIF Money Fund		12,794,027	-	12,794,027	12,794,027	-

There were no reportable category (ii) or (iv) transactions for the year ended December 31, 2016.

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

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 8059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016This Form is Open to Public
Inspection

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

▶ Round off amounts to nearest dollar.

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

A Name of plan KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KTH Parts Industries, Inc.		D Employer Identification Number (EIN) 34-1441988
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016			
2 Assets:			
a Market value.....	2a	50,782,906	
b Actuarial value.....	2b	53,690,222	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	150	11,175,158	11,175,158
b For terminated vested participants.....	227	7,235,649	7,235,649
c For active participants.....	838	33,318,375	34,681,587
d Total.....	1,215	51,729,182	53,092,394
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.28%	
6 Target normal cost.....	6	2,214,140	

Statement by Enrolled Actuary

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

SIGN HERE		10/10/17
JEFFREY A. SCHAPPEL, EA, MAAA		Date
Type or print name of actuary		1707786
CBIZ BENEFITS & INSURANCE, INC		Most recent enrollment number
Firm name		216-447-9000
6050 OAK TREE BLVD, SUITE 500		Telephone number (including area code)
CLEVELAND OH 44131		
Address of the firm		

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	2,594,435
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8).....	0	2,594,435
10	Interest on line 9 using prior year's actual return of <u>-2.91%</u>	0	-75,498
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		864,529
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.47%</u>		55,935
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		
	c Total available at beginning of current plan year to add to prefunding balance.....		920,464
	d Portion of (c) to be added to prefunding balance.....		920,464
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	3,439,401

Part III Funding Percentages

14	Funding target attainment percentage	14	94.64%
15	Adjusted funding target attainment percentage	15	101.10%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.17%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/14/2016	1,000,000						
01/15/2017	1,000,000						
04/15/2017	1,000,000						
07/15/2017	1,000,000						
			Totals ►	18(b)	4,000,000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	3,727,000

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	2,214,140	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	2,841,574		1,179,548
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	3,393,688	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement			Total balance
			0
36 Additional cash requirement (line 34 minus line 35)	36	3,393,688	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3,727,000	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	333,312	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 38 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			
42 Amount of acceleration adjustment	42			
43 Excess installment acceleration amount to be carried over to future plan years	43			

**Schedule SB, Part V –
Summary of Plan Provisions**

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

**Schedule SB, line 19 –
Discounted Employer Contributions**

Date Paid	Plan Year Beginning	Contribution Amount	Effective Rate of Interest	Penalty Rate of Interest	Discounted to 1/1/2016
10/14/2016	1/1/2016	\$1,000,000	6.47%		\$953,237
1/15/2017	1/1/2016	\$1,000,000	6.47%		\$938,559
4/15/2017	1/1/2016	\$1,000,000	6.47%		\$924,569
7/15/2017	1/1/2016	<u>\$1,000,000</u>	6.47%		<u>\$910,635</u>
		4,000,000			3,727,000

KTH Parts Industries, Inc. Associate Retirement Plan
Plan Sponsor EIN: 34-1441988 Plan Number: 002