

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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.	10/14/2019	ART LIMING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2019	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

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1266
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 812 6a(2) 729 6b 214 6c 269 6d 1212 6e 29 6f 1241 6g 6h 18
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)** ☐ 0 **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
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 2018			
2	Assets:			
a	Market value	2a	67992824	
b	Actuarial value	2b	65365058	
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	211	18770747	18770747
b	For terminated vested participants	243	8536103	8536103
c	For active participants	812	40595038	42512866
d	Total	1266	67901888	69819716
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	5.90%	
6	Target normal cost	6	2581530	

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>JEFFREY A. SCHAPPEL, EA, MAAA</div> <div>Type or print name of actuary</div> <div>CBIZ BENEFITS & INSURANCE, INC</div> <div>Firm name</div> <div>6050 OAK TREE BLVD, SUITE 500 CLEVELAND, OH 44131</div> <div>Address of the firm</div>	<div>10/15/2019</div> <div>Date</div> <div>17-07786</div> <div>Most recent enrollment number</div> <div>216-447-9000</div> <div>Telephone number (including area code)</div>
--------------------------	--	--

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	4173115
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	4173115
10 Interest on line 9 using prior year's actual return of <u>11.72</u> %	0	489089
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		601102
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>6.08</u> %		36547
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		637649
d Portion of (c) to be added to prefunding balance		637649
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	5299853

Part III Funding Percentages

14 Funding target attainment percentage	14	86.02%
15 Adjusted funding target attainment percentage	15	86.02%
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	91.78%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2018	1100000	0			
01/15/2019	1100000	0			
04/15/2019	1100000	0			
07/15/2019	1100000	0			
Totals ▶			18(b)	4400000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4068160

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:

3.92%

2nd segment:

5.52%

3rd segment:

6.29%

☐ 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)

Prior regulation:

☒

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

Current regulation:

☐

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

2581530

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

9754511

1416060

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**

3997590

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

36 Additional cash requirement (line 34 minus line 35).....**36**

3997590

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

4068160

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

70570

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

<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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KTH PARTS INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1441988	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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	527804	Yes ☒ No ☐	Yes ☒ No ☐		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	46856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2018 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 KTH PARTS INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1441988	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	9956	16546
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	3000000	3300000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	282985	319804
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	229728	1608635
(2) U.S. Government securities	1c(2)	8335657	8986798
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	8422179	8919199
(B) All other.....	1c(3)(B)	711778	687877
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	429381	
(B) Common.....	1c(4)(B)	44025903	38401259
(5) Partnership/joint venture interests	1c(5)	1157831	
(6) Real estate (other than employer real property).....	1c(6)		3152216
(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)	1437410	3193981
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		0

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	68042808	68586315

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	68042808	68586315
---	-----------	----------	----------

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)	4400000	
(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)		4400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10053	
(B) U.S. Government securities	2b(1)(B)	186667	
(C) Corporate debt instruments	2b(1)(C)	309006	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	34671	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		540397
(2) Dividends: (A) Preferred stock	2b(2)(A)	25110	
(B) Common stock	2b(2)(B)	1486043	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	33747	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1544900
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	27809647	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	28267861	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-458214
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3227059	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3227059

		(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)		-100143
c Other income.....	2c		215754
d Total income. Add all income amounts in column (b) and enter total.....	2d		2915635

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1799473	
(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)		1799473
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)	524636	
(4) Other	2i(4)	48019	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		572655
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2372128

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		543507
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			

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

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 4158940. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 KTH PARTS INDUSTRIES, INC.		D Employer Identification Number (EIN) 34-1441988
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-3513863		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 2
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.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2018 v. 171027		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 65.0% Investment-Grade Debt: 30.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 5.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

KTH Parts Industries, Inc. Associate Retirement Plan

Financial Report
December 31, 2018

Contents

Independent auditor's report	1-2
Financial statements	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5-11
Supplemental schedules	
Schedule H, Part IV, Line 4(i) – Schedule of assets (held at end of year)	12-15
Schedule H, Part IV, Line 4(j) – Schedule of reportable transactions	16

Independent Auditor's Report

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

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, 2018 and 2017 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 certifications from the trustee as of December 31, 2018 and 2017 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.

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, 2018 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 14, 2019

KTH Parts Industries, Inc. Associate Retirement Plan

**Statements of Net Assets Available for Benefits
December 31, 2018 and 2017**

	2018	2017
Assets		
Investments, at fair value:		
Common stocks	\$ 38,401,259	\$ 44,025,903
Cash equivalents	1,608,635	-
Preferred stocks	-	429,381
Mutual funds	3,193,981	1,437,410
Municipal bonds	687,877	711,778
Corporate bonds	8,919,199	8,522,179
Limited partnership interests	-	1,157,831
Real estate	3,152,216	-
U.S. Government securities	8,837,395	8,184,308
Mortgage-backed securities	149,403	151,349
Money market fund	-	129,728
Total investments	64,949,965	64,749,867
Receivables:		
Accrued investment income	319,804	282,985
Employer contributions	3,300,000	3,000,000
Total receivables	3,619,804	3,282,985
Cash	16,546	9,956
Liabilities	-	-
Net assets available for benefits	\$ 68,586,315	\$ 68,042,808

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, 2018 and 2017**

	2018	2017
Investment (loss) income:		
Interest and dividends	\$ 2,085,297	\$ 2,010,334
Net (depreciation) appreciation in fair value of investments	(3,569,662)	5,247,467
Net investment (loss) income	(1,484,365)	7,257,801
Employer contributions	4,400,000	4,000,000
Total additions	2,915,635	11,257,801
Deductions from net assets attributable to:		
Benefits paid to participants or beneficiaries	1,799,473	1,716,314
Administrative expenses	572,655	518,961
Total deductions	2,372,128	2,235,275
Net increase	543,507	9,022,526
Net assets available for benefits:		
Beginning	68,042,808	59,020,282
Ending	\$ 68,586,315	\$ 68,042,808

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 in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification.

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 (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Capital gain distributions are included in dividend and interest income.

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-2018 fully generational; (b) interest rate of 8.00%; (c) average rate of future salary increases of 2%; and (d) assumed retirement rates as follows:

Age	Retirement Rate
58	5%
59	3%
60	5%
61	10%
52	20%
63	10%
64	20%
65	100%

Significant changes in assumptions during the year include a change in termination rates, retirement rates, and the improvement scale from MP-2017 to MP-2018.

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 hired as of June 30, 2016 and became eligible. 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, 2018. Had the valuation been performed as of December 31, 2017, there would be no material differences.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

The following table summarizes the actuarial present value of accumulated plan benefits as of December 31, 2017 and the changes in accumulated plan benefits for the year then ended:

Vested benefits:	
Participants currently receiving payments	\$ 14,960,129
Other participants	33,707,704
Nonvested benefits	1,549,893
Total	\$ 50,217,726
Actuarial present value of accumulated plan benefits at beginning of year	\$ 45,718,981
Increase (decrease) attributable to:	
Change in assumptions	161,869
Benefits accumulated	1,705,228
Gains and losses	759,096
Decrease in discount period	3,588,866
Benefits paid	(1,716,314)
Net increase	4,498,745
Actuarial present value of accumulated plan benefits at end of year	\$ 50,217,726

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

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

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

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

Subsequent events: Effective September 11, 2019, a one-time, limited Voluntary Lump Sum Program was agreed upon to be offered between September 15, 2019 and November 15, 2019 to participants who meet certain defined criteria in the amendment. The Plan has evaluated subsequent events for potential recognition and/or disclosure through October 14, 2019, 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, 2018 and 2017 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.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 3. Information Certified by the Plan's Trustee (Continued)

Bank of America, N.A. also certified to the completeness and accuracy of \$3,569,662 of net depreciation and \$5,247,467 of net appreciation in fair value of investments and \$2,085,297 and \$2,010,334 of interest and dividends for the years ended December 31, 2018 and 2017, 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 2018 and 2017.

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.

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) and the lowest priority to unobservable inputs (Level 3). 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.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 6. Fair Value Information (Continued)

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, 2018 and 2017.

Common stocks, cash equivalents, mutual funds, real estate 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.

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, 2018 and 2017. 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.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 6. Fair Value Information (Continued)

The following table summarizes assets measured at fair value on a recurring basis as of December 31, 2018 and 2017 segregated by the level of the valuation inputs within the fair value hierarchy utilized to measure fair value.

	December 31, 2018			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 38,401,259	\$ -	\$ -	\$ 38,401,259
Cash equivalents	1,608,635	-	-	1,608,635
Mutual funds	3,193,981	-	-	3,193,981
Municipal bonds	-	687,877	-	687,877
Corporate bonds	-	8,919,199	-	8,919,199
Real estate	3,152,216	-	-	3,152,216
U.S. Government securities	-	8,837,395	-	8,837,395
Mortgage-backed securities	-	149,403	-	149,403
Total investments, at fair value	\$ 46,356,091	\$ 18,593,874	\$ -	\$ 64,949,965

	December 31, 2017			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 44,025,903	\$ -	\$ -	\$ 44,025,903
Preferred stocks	-	429,381	-	429,381
Mutual funds	1,437,410	-	-	1,437,410
Money market fund	129,728	-	-	129,728
Municipal bonds	-	711,778	-	711,778
Corporate bonds	-	8,522,179	-	8,522,179
Limited partnership interests	1,157,831	-	-	1,157,831
U.S. Government securities	-	8,184,308	-	8,184,308
Mortgage-backed securities	-	151,349	-	151,349
Total investments, at fair value	\$ 46,750,872	\$ 17,998,995	\$ -	\$ 64,749,867

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, 2018 and 2017, there were no significant transfers in or out of Levels 1, 2 or 3.

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 2015.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

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 \$572,655 and \$518,961 during 2018 and 2017, respectively.

Note 10. Recent Accounting Pronouncement

In August 2018, the FASB issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan is currently evaluating the impact of this new standard on its financial statements. The adoption of ASU 2018-13 is not expected to have a material impact on the Plan's financial statements.

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, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks:			
	Abbott Labs	12,270 shares	\$ 407,871	\$ 887,489
	Abbvie Inc.	12,160 shares	534,012	1,121,030
	Altria Group Inc.	14,060 shares	877,930	694,423
	American Elec. Power Inc.	14,840 shares	1,000,507	1,109,142
	AT&T Inc.	31,645 shares	1,029,465	903,148
	Automatic Data Processing Inc.	13,335 shares	728,400	1,748,485
	BT Group Plc.	61,175 shares	1,160,315	929,860
	Canadian Imperial Bank of Commerce	12,170 shares	999,887	907,152
	Cardinal Health Inc.	21,205 shares	1,198,718	945,743
	CenturyLink Inc.	19,635 shares	430,121	297,470
	Chevron Corp.	15,995 shares	1,626,456	1,740,096
	Chubb Ltd.	2,750 shares	354,448	355,245
	Coca Cola Company	24,185 shares	1,046,409	1,145,160
	Consolidated Edison Inc.	15,650 shares	1,250,947	1,196,599
	D R Horton Inc.	9,210 shares	298,884	319,219
	Enbridge Inc.	29,880 shares	1,000,980	928,670
	Exelon Corp.	8,015 shares	353,734	361,477
	Exxon Mobil Corp.	22,640 shares	1,860,430	1,543,822
	General Mills Inc.	21,870 shares	1,249,938	851,618
	Glaxosmithkline PLC	25,525 shares	1,097,409	975,310
	Honda Motor Ltd.	8,100 shares	189,270	214,245
	International Business Machine	11,880 shares	1,761,496	1,350,400
	Johnson & Johnson	6,675 shares	462,249	861,409
	Kimberly Clark Corp.	10,250 shares	1,198,622	1,167,885
	Kraft Heinz Corp.	4,240 shares	207,886	182,490
	Marathon Petroleum Corp.	4,695 shares	337,934	277,052
	Merck and Co Inc.	21,100 shares	1,199,917	1,612,251
	Microsoft Corp.	18,090 shares	520,119	1,837,401
	Newfield Exploration Co.	12,430 shares	303,843	182,224
	Nucor Corp.	5,740 shares	352,280	297,389
	Paychex Inc.	19,520 shares	1,250,490	1,271,728
	Pfizer Inc.	51,230 shares	1,642,435	2,236,189
	Philip Morris Intl. Inc.	9,295 shares	692,424	620,534
	Proctor & Gamble Co.	13,635 shares	1,000,237	1,253,329
	Qualcomm Inc.	21,715 shares	1,200,006	1,235,801
	TFS Financial Corp.	80,000 shares	1,196,442	1,290,400
	Total S.A. Sponsored ADR	21,100 shares	1,200,210	1,100,998
	United Rentals Inc.	2,865 shares	333,276	293,748
	Valero Energy Corp.	4,660 shares	534,220	349,360
	Verizon Communications Inc.	18,975 shares	946,401	1,066,775
	Walt Disney Company	6,735 shares	199,877	738,493
			<u>\$ 35,236,495</u>	<u>\$ 38,401,259</u>
	Cash equivalents:			
	Blackrock Liquidity Funds	1,608,635 shares	\$ 1,608,635	\$ 1,608,635
	Mutual funds:			
	Eaton Vance Richard Bernstein Equity Strategy I	21,548 shares	\$ 284,309	\$ 308,131
	iShares Edge MSCI Min. Vol. USA ETF	44,580 shares	2,200,640	2,335,992
	Pimco All Asset Fund	50,124 shares	629,401	549,858
			<u>\$ 3,114,350</u>	<u>\$ 3,193,981</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, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Municipal bonds:				
	District Columbia, 5.67%, due 6/1/22	250,000 par	\$ 282,823	\$ 272,218
	Evansville IN, 5.75%, due 2/1/20	300,000 par	345,342	306,654
	New Jersey Environmental, 5.25%, due 9/1/21	100,000 par	105,750	109,005
			<u>\$ 733,915</u>	<u>\$ 687,877</u>
Corporate bonds:				
	AT&T Inc., 2.45%, due 6/30/20	200,000 par	\$ 199,200	\$ 197,398
	Abbvie Inc., 2.50%, due 5/14/20	200,000 par	204,870	198,102
	Agilent Technologies Inc., 3.20%, due 10/01/22	250,000 par	251,865	246,980
	Altria Group Inc., 2.625%, due 1/14/20	100,000 par	99,420	99,085
	American Express Co., 2.20%, due 10/30/20	100,000 par	99,007	98,195
	Apple Inc., 2.50%, due 2/9/25	200,000 par	197,444	188,872
	Astrazeneca PLC., 3.375%, due 11/16/25	100,000 par	102,340	96,631
	Bristol Myers Squibb Co., 3.25%, due 11/1/23	100,000 par	99,545	100,208
	Cardinal Health Inc., 3.20%, due 6/15/22	100,000 par	98,251	98,051
	Costco Wholesale Corp., 2.15%, due 5/18/21	100,000 par	99,123	98,338
	Credit Suisse AG, 5.40%, due 1/14/20	200,000 par	203,960	203,094
	Deere John Cap Corp., 2.75%, due 3/15/22	150,000 par	149,465	147,709
	Devon Energy Corporation, 4.00%, due 7/15/21	200,000 par	163,736	200,198
	Dow Chemical Co., 4.125%, due 11/15/21	100,000 par	105,722	101,759
	Ebay Inc., 2.20%, due 8/01/19	100,000 par	101,300	99,336
	Exelon Generation Co, LLC, 5.20%, due 10/01/19	100,000 par	104,404	101,288
	Express Scripts Holding Co., 2.250%, due 6/15/19	150,000 par	150,782	149,361
	General Mills Inc., 2.20%, due 10/21/19	300,000 par	302,298	297,720
	General Motors Finl Co. Inc., 4.35%, due 1/17/27	350,000 par	358,232	322,154
	Glaxosmithkline Cap PLC., 2.85%, due 5/8/22	100,000 par	97,804	98,787
	Goldman Sachs Group Inc., 5.25%, due 7/27/21	250,000 par	240,525	259,522
	HSBC USA Inc., 5.00%, due 9/27/20	200,000 par	217,740	204,242
	HSBC Finance Corp., 6.676%, due 1/15/21	100,000 par	104,244	104,655
	Hewlett-Packard Co., 4.05%, due 9/15/22	250,000 par	254,008	253,485
	IBM Corp, 3.45%, due 2/19/26	200,000 par	202,330	194,518
	iShares Tips Bond	4,579 par	494,171	501,497
	JPMorgan Chase & Co., 3.20%, due 1/25/23	300,000 par	299,985	295,629
	JPMorgan Chase & Co., 4.125%, due 12/15/26	200,000 par	202,938	195,136
	Johnson & Johnson, 1.875%, due 12/5/19	200,000 par	198,894	198,396
	Kimberly-Clark Corp., 3.875%, due 3/01/21	200,000 par	220,262	203,006
	Kroger Co., 3.70%, due 8/01/27	350,000 par	352,011	330,407
	Lockheed Martin Corp, 3.35%, due 9/15/21	250,000 par	256,505	251,660
	Metlife Inc., 3.60%, due 4/10/24	100,000 par	100,405	100,689
	Morgan Stanley, 5.50%, due 7/24/20	100,000 par	91,339	103,088
	Morgan Stanley, 5.75%, due 1/25/21	100,000 par	97,723	104,265
	Morgan Stanley, 5.50%, due 1/26/20	100,000 par	93,699	102,272
	Occidental Petroleum Corp., 2.70%, due 2/15/23	300,000 par	301,737	290,769
	Oracle Corp, 1.90%, due 9/15/21	100,000 par	100,647	97,021

(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, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Corporate bonds (continued):				
	Pseg Power LLC., 3.00%, due 6/15/21	150,000 par	\$ 148,632	\$ 147,527
	Philip Morris Intl Inc., 2.625%, due 3/06/23	300,000 par	301,350	288,468
	Philip Morris Intl Inc., 3.25%, due 11/10/24	150,000 par	154,033	146,390
	JM Smucker Co., 3.50%, due 3/15/25	100,000 par	102,961	96,015
	Southern Co., 2.95%, due 7/1/23	100,000 par	99,779	96,570
	Telefonica Emisiones S.A.U., 5.877%, due 7/15/19	150,000 par	153,675	151,797
	Telefonica Emisiones S.A.U., 5.462%, due 2/16/21	150,000 par	150,000	155,452
	Time Warner Cable Inc, 5.00%, due 2/01/20	100,000 par	110,330	101,403
	UnitedHealth Group Inc., 2.375%, due 10/15/22	100,000 par	98,305	96,931
	Verizon Communications, 5.15%, due 9/15/23	300,000 par	311,799	319,308
	Vodafone Group PLC., 2.95%, due 2/19/23	300,000 par	296,855	288,825
	Wells Fargo & Co., Var%, due 8/30/23	100,000 par	100,000	96,990
			<u>\$ 9,045,650</u>	<u>\$ 8,919,199</u>
Real estate:				
	Federal Realty Investment Trust	10,030 shares	\$ 1,199,690	\$ 1,183,941
	Hospitality Properties Trust	12,665 shares	297,520	302,440
	Public Storage Inc.	8,230 shares	1,770,861	1,665,835
			<u>\$ 3,268,071</u>	<u>\$ 3,152,216</u>
U.S. Government securities:				
	U.S. Treasury, 8.875% bond, due 2/15/19	100,000 par	\$ 133,668	\$ 100,766
	U.S. Treasury, 8.50% bond, due 2/15/20	100,000 par	131,949	106,449
	U.S. Treasury, 7.875% bond, due 2/15/21	100,000 par	142,156	111,008
	U.S. Treasury, 2.375% note, due 12/31/20	200,000 par	198,476	199,554
	U.S. Treasury, 2.75% note, due 2/15/24	600,000 par	619,137	606,420
	U.S. Treasury, 2.375% note, due 8/15/24	250,000 par	252,578	247,705
	U.S. Treasury, 2.25% note, due 11/15/24	425,000 par	413,435	417,677
	U.S. Treasury, 2.125% note, due 12/31/21	100,000 par	97,473	99,016
	U.S. Treasury, 2.00% note, due 2/15/25	1,000,000 par	1,002,031	967,310
	U.S. Treasury, 2.75% note, due 2/15/19	300,000 par	300,703	300,126
	U.S. Treasury, 3.375% note, due 11/15/19	100,000 par	101,805	100,602
	U.S. Treasury, 2.25% note, due 11/15/25	200,000 par	195,492	195,586
	U.S. Treasury, 2.00% note, due 11/30/22	100,000 par	95,996	98,180
	U.S. Treasury, 3.50% note, due 5/15/20	200,000 par	207,609	202,492
	U.S. Treasury, 2.125% note, due 12/31/22	450,000 par	463,482	443,655
	U.S. Treasury, 1.625% note, due 2/15/26	300,000 par	293,625	280,827
	U.S. Treasury, 3.125% note, due 5/15/21	100,000 par	99,770	101,484
	U.S. Treasury, 1.625% note, due 5/15/26	400,000 par	368,500	373,532
	U.S. Treasury, 2.00% note, due 2/15/22	300,000 par	300,492	295,782
	U.S. Treasury, 1.125% note, due 12/31/19	500,000 par	487,961	492,635
	U.S. Treasury, 2.125% note, due 11/30/23	200,000 par	197,078	196,390
	U.S. Treasury, 2.00% note, due 12/31/21	100,000 par	96,965	98,633

(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, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
U.S. Government securities (continued):				
	U.S. Treasury, 2.25% note, due 12/31/23	100,000 par	\$ 96,039	\$ 98,734
	U.S. Treasury, 2.25% note, due 2/15/27	800,000 par	804,720	776,816
	U.S. Treasury, 2.75% note, due 11/15/23	100,000 par	99,484	101,094
	U.S. Treasury, 2.50% note, due 5/15/24	350,000 par	349,398	349,356
	U.S. Treasury, 1.50% note, due 8/15/26	400,000 par	363,438	369,000
	U.S. Treasury, 1.875% note, due 12/15/20	100,000 par	97,840	98,809
	U.S. Treasury, 1.875% note, due 12/31/19	100,000 par	98,969	99,273
	U.S. Treasury Prin Strip, 0%, due 11/15/28	1,200,000 par	909,492	908,484
			<u>\$ 9,019,761</u>	<u>\$ 8,837,395</u>
Mortgage-backed securities:				
	Federal Home Loan Mortgage Corp., 2.375% note, due 1/13/22	150,000 par	<u>\$ 149,190</u>	<u>\$ 149,403</u>

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, 2018

(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 (iii) - Series of transactions in excess of 5 percent of beginning Plan net assets

Bank of America, N.A.	BIF Money Fund	\$ 10,003,345	\$ -	\$ 10,003,345	\$ 10,003,345	\$ -
Bank of America, N.A.	BIF Money Fund	-	10,133,073	10,133,073	10,133,073	-

There were no reportable category (i), (ii), or (iv) transactions for the year ended December 31, 2018.

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

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

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: KTH Parts Industries, Inc. Associate Retirement Plan

EIN/PN: 34-1441988/002

Valuation Date: January 1, 2018

Compensation is shown below only for cells where the counts are greater than 20.

Att. Age:	Years of Credited Service													Total
	Under	1	2	3	4	5 to	10 to	15 to	20 to	25 to	30 to	35 to	40 & Up	
Under	-	3	15	4	5	4	-	-	-	-	-	-	-	31
25	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 to	-	5	13	14	24	27	3	-	-	-	-	-	-	86
29	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30 to	-	-	5	4	16	28	12	-	-	-	-	-	-	65
34	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35 to	-	2	7	7	7	18	11	3	-	-	-	-	-	55
39	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40 to	-	1	4	2	11	11	10	13	8	-	-	-	-	60
44	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45 to	-	1	9	3	7	15	15	14	36	25	1	-	-	126
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50 to	-	1	5	4	8	20	16	20	25	44	33	-	-	176
54	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55 to	-	3	4	-	3	12	19	11	16	27	33	-	-	128
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60 to	-	2	1	1	1	4	9	7	17	22	14	-	-	78
64	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65 to	-	-	-	-	-	-	2	2	-	1	1	-	-	6
69	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70 & Up	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Total	-	18	63	39	82	139	97	70	103	119	82	-	-	812
	-	-	-	-	-	-	-	-	-	-	-	-	-	-

ACTUARIAL ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (Sep).

	Non-Stabilized	Limited to 25-Year Corridor
Segment I:	1.75%	3.92%
Segment II:	3.76%	5.52%
Segment III:	4.66%	6.29%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the Highway and Transportation Funding Act of 2014 ('HATFA-14') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate The Effective Interest Rate (EIR) for the 2018 Plan Year was 5.90%. For the prior Plan year, the EIR was 6.08%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the plan sponsor's above elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

PBGC Variable Premium Discount Rates The segment rates used to calculate the PBGC Variable Rate Premiums with the Standard Premium Funding Target and/or Alternative Premium Funding Target are as follows:

	Standard	Alternative
Segment I:	2.33%	1.75%
Segment II:	3.55%	3.76%
Segment III:	4.11%	4.66%

The Standard Premium Funding Target rates are based on rates for the month prior to the valuation, and the Alternative Premium Funding Target rates are based on non-stabilized funding discount rates for the current valuation.

Mortality Table Elected §430(h) Optional Combined Annuitant/Non-Annuitant Tables for the Current Plan Year

ACTUARIAL ASSUMPTIONS (cont)

ASC 960 Assumptions

The discount rate used was 8.00%. The mortality table used was RP-2014 Mortality with Blue Collar adjustments and the fully generational scale MP-2017.

The selection of ASC 960 rates is the Plan Sponsor's view of the long-term rate of return on assets. This rate was selected by the Plan Sponsor.

Expenses

Expenses were assumed to be met directly by the Plan Sponsor.

Salary Scale

None.

Inflation

None.

Withdrawal Rates

T-4 of the Actuary's Pension Handbook.

Benefit Commencement Age

Future deferred vested participants are assumed to commence at the Plan's Normal Retirement Age, or valuation age, if later.

Disability Incidence

Sample Rates as follows:

30	0.110%
35	0.130%
40	0.170%
45	0.230%
50	0.340%
60	1.080%

Disability Mortality

§430(h) Optional Combined Annuitant/Non-Annuitant Tables for the Current Plan Year

Retirement Rates

Retirement Rates are shown below:

Age	Rates
58	5%
59	3%
60	5%
61	10%
62	20%
63	10%
64	20%
65	100%

ACTUARIAL ASSUMPTIONS (cont)

Spousal Assumptions	100% of males and 100% of females are assumed to be married. Wives are assumed to be three years younger than their husbands.
Form of Payment	All benefits are assumed to be paid in the Normal Form defined under the terms of the Plan.
Changes in non-required assumptions since the prior valuation	None.

ACTUARIAL METHODS

Minimum Funding Cost Method

The actuarial cost method used to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for each participant. The individual accrued liability for a participant is the present value of the accrued benefit as of the valuation date taking into account service and/or pay as of the valuation date. The individual normal cost for a participant is the present value of the benefit expected to accrue in the plan year being valued.

If a plan is frozen, there is no normal cost attributable to benefit accruals.

Maximum deductible contribution method

The actuarial cost method used to determine the liabilities for maximum deductible calculations is the Projected Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for all participant. The individual accrued liability for a participant is the sum of 1) the present value of the accrued benefit earned as of the valuation date taking into account service and/or pay as of the valuation date; plus 2) the present value of the accrued benefit expected to be earned because of any expected future compensation increases.

The individual normal cost for a participant is the sum of the present value of the benefit expected to accrue in the plan year being valued taking into account any expected future compensation increases.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. This information was not be verified by a plan's actuary. We have reviewed the information for internal consistency, and we have no reason to doubt is substantial accuracy.

Changes in methods since the prior valuation

None.

SCHEDULE SB ATTACHMENT

Line 22 - Weighted Average Retirement Age

Plan Name: KTH Parts Industries, Inc. Associate Retirement Plan

EIN/PN: 34-1441988/002

Valuation Date: January 1, 2018

Each participant is assumed to retire at his/her normal retirement age of 65.

SCHEDULE SB ATTACHMENT

Line 19 - Discounted Employer Contributions

Plan Name: KTH Parts Industries, Inc. Associate Retirement Plan

EIN/PN: 34-1441988/002

Valuation Date: January 1, 2018

Total Contributed: \$4,400,000.00

Total Discounted to Valuation Date: \$4,068,160.00

Date	Amount	Plan Year Beginning	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
10/15/2018	1,100,000	01/2018	5.90%	48,481	10.90%	20,625	1,030,894
01/15/2019	1,100,000	01/2018	5.90%	63,566	10.90%	17,015	1,019,419
04/15/2019	1,100,000	01/2018	5.90%	78,113	10.90%	11,427	1,010,460
07/15/2019	1,100,000	01/2018	5.90%	92,613			1,007,387

SUMMARY of PLAN BENEFITS

Plan Effective Date	January 1, 1989
Plan Anniversary Date	January 1, 2018
Plan Entry	Each associate shall become a participant on the January 1 nearest the completion of 12 months of service and attainment of age 21. Entry into the plan was frozen for anyone hired after July 1, 2016.
Normal Retirement Date	First of Month coincident with or next following age 65.
Normal Retirement Benefit	A monthly pension for life equal to 1.5% of compensation for each year of service.
Compensation	W-2 Compensation not to exceed limit of \$270,000
Death Benefit	Joint & 100% Survivor coverage is automatic for the spouse of any vester 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.
Vesting Schedule	Associate must have 5 years of service.
Early Retirement Date	First day of the month following termination provided associate is at least age 60 with five years of service, effective February 1, 2003, reduced to age 58 and 5 years of service.
Early Retirement Benefit	Accrued pension commencing at Normal Retirement Date, or an immediate pension reduced 5% per year (.4167 of 1% for each month) between Early and Normal Retirement.
Disability Benefit	Accrued pension commencing at Normal Retirement Date

SCHEDULE SB ATTACHMENT

Line 32 - Amortization Bases Used in the Valuation

Plan Name: KTH Parts Industries, Inc. Associate Retirement Plan

EIN/PN: 34-1441988/002

Valuation Date: January 1, 2018

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
1/1/2018	7	7 year	5,354,494	874,120
1/1/2017	6	7 year	2,792,405	517,001
1/1/2016	5	7 Year	1,591,323	343,198
1/1/2015	4	7 Year	319,994	84,670
1/1/2014	3	7 Year	(919,284)	(318,283)
1/1/2013	2	7 Year	1,427,899	727,674
1/1/2012	1	7 Year	(812,320)	(812,320)

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, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Common stocks:				
	Abbott Labs	12,270 shares	\$ 407,871	\$ 887,489
	Abbvie Inc.	12,160 shares	534,012	1,121,030
	Altria Group Inc.	14,060 shares	877,930	694,423
	American Elec. Power Inc.	14,840 shares	1,000,507	1,109,142
	AT&T Inc.	31,645 shares	1,029,465	903,148
	Automatic Data Processing Inc.	13,335 shares	728,400	1,748,485
	BT Group Plc.	61,175 shares	1,160,315	929,860
	Canadian Imperial Bank of Commerce	12,170 shares	999,887	907,152
	Cardinal Health Inc.	21,205 shares	1,198,718	945,743
	CenturyLink Inc.	19,635 shares	430,121	297,470
	Chevron Corp.	15,995 shares	1,626,456	1,740,096
	Chubb Ltd.	2,750 shares	354,448	355,245
	Coca Cola Company	24,185 shares	1,046,409	1,145,160
	Consolidated Edison Inc.	15,650 shares	1,250,947	1,196,599
	D R Horton Inc.	9,210 shares	298,884	319,219
	Enbridge Inc.	29,880 shares	1,000,980	928,670
	Exelon Corp.	8,015 shares	353,734	361,477
	Exxon Mobil Corp.	22,640 shares	1,860,430	1,543,822
	General Mills Inc.	21,870 shares	1,249,938	851,618
	Glaxosmithkline PLC	25,525 shares	1,097,409	975,310
	Honda Motor Ltd.	8,100 shares	189,270	214,245
	International Business Machine	11,880 shares	1,761,496	1,350,400
	Johnson & Johnson	6,675 shares	462,249	861,409
	Kimberly Clark Corp.	10,250 shares	1,198,622	1,167,885
	Kraft Heinz Corp.	4,240 shares	207,886	182,490
	Marathon Petroleum Corp.	4,695 shares	337,934	277,052
	Merck and Co Inc.	21,100 shares	1,199,917	1,612,251
	Microsoft Corp.	18,090 shares	520,119	1,837,401
	Newfield Exploration Co.	12,430 shares	303,843	182,224
	Nucor Corp.	5,740 shares	352,280	297,389
	Paychex Inc.	19,520 shares	1,250,490	1,271,728
	Pfizer Inc.	51,230 shares	1,642,435	2,236,189
	Philip Morris Intl. Inc.	9,295 shares	692,424	620,534
	Proctor & Gamble Co.	13,635 shares	1,000,237	1,253,329
	Qualcomm Inc.	21,715 shares	1,200,006	1,235,801
	TFS Financial Corp.	80,000 shares	1,196,442	1,290,400
	Total S.A. Sponsored ADR	21,100 shares	1,200,210	1,100,998
	United Rentals Inc.	2,865 shares	333,276	293,748
	Valero Energy Corp.	4,660 shares	534,220	349,360
	Verizon Communications Inc.	18,975 shares	946,401	1,066,775
	Walt Disney Company	6,735 shares	199,877	738,493
			<u>\$ 35,236,495</u>	<u>\$ 38,401,259</u>
Cash equivalents:				
	Blackrock Liquidity Funds	1,608,635 shares	\$ 1,608,635	\$ 1,608,635
Mutual funds:				
	Eaton Vance Richard Bernstein Equity Strategy I	21,548 shares	\$ 284,309	\$ 308,131
	iShares Edge MSCI Min. Vol. USA ETF	44,580 shares	2,200,640	2,335,992
	Pimco All Asset Fund	50,124 shares	629,401	549,858
			<u>\$ 3,114,350</u>	<u>\$ 3,193,981</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, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Municipal bonds:				
	District Columbia, 5.67%, due 6/1/22	250,000 par	\$ 282,823	\$ 272,218
	Evansville IN, 5.75%, due 2/1/20	300,000 par	345,342	306,654
	New Jersey Environmental, 5.25%, due 9/1/21	100,000 par	105,750	109,005
			<u>\$ 733,915</u>	<u>\$ 687,877</u>
Corporate bonds:				
	AT&T Inc., 2.45%, due 6/30/20	200,000 par	\$ 199,200	\$ 197,398
	Abbvie Inc., 2.50%, due 5/14/20	200,000 par	204,870	198,102
	Agilent Technologies Inc., 3.20%, due 10/01/22	250,000 par	251,865	246,980
	Altria Group Inc., 2.625%, due 1/14/20	100,000 par	99,420	99,085
	American Express Co., 2.20%, due 10/30/20	100,000 par	99,007	98,195
	Apple Inc., 2.50%, due 2/9/25	200,000 par	197,444	188,872
	Astrazeneca PLC., 3.375%, due 11/16/25	100,000 par	102,340	96,631
	Bristol Myers Squibb Co., 3.25%, due 11/1/23	100,000 par	99,545	100,208
	Cardinal Health Inc., 3.20%, due 6/15/22	100,000 par	98,251	98,051
	Costco Wholesale Corp., 2.15%, due 5/18/21	100,000 par	99,123	98,338
	Credit Suisse AG, 5.40%, due 1/14/20	200,000 par	203,960	203,094
	Deere John Cap Corp., 2.75%, due 3/15/22	150,000 par	149,465	147,709
	Devon Energy Corporation, 4.00%, due 7/15/21	200,000 par	163,736	200,198
	Dow Chemical Co., 4.125%, due 11/15/21	100,000 par	105,722	101,759
	Ebay Inc., 2.20%, due 8/01/19	100,000 par	101,300	99,336
	Exelon Generation Co, LLC, 5.20%, due 10/01/19	100,000 par	104,404	101,288
	Express Scripts Holding Co., 2.250%, due 6/15/19	150,000 par	150,782	149,361
	General Mills Inc., 2.20%, due 10/21/19	300,000 par	302,298	297,720
	General Motors Finl Co. Inc., 4.35%, due 1/17/27	350,000 par	358,232	322,154
	Glaxosmithkline Cap PLC., 2.85%, due 5/8/22	100,000 par	97,804	98,787
	Goldman Sachs Group Inc., 5.25%, due 7/27/21	250,000 par	240,525	259,522
	HSBC USA Inc., 5.00%, due 9/27/20	200,000 par	217,740	204,242
	HSBC Finance Corp., 6.676%, due 1/15/21	100,000 par	104,244	104,655
	Hewlett-Packard Co., 4.05%, due 9/15/22	250,000 par	254,008	253,485
	IBM Corp, 3.45%, due 2/19/26	200,000 par	202,330	194,518
	iShares Tips Bond	4,579 par	494,171	501,497
	JPMorgan Chase & Co., 3.20%, due 1/25/23	300,000 par	299,985	295,629
	JPMorgan Chase & Co., 4.125%, due 12/15/26	200,000 par	202,938	195,136
	Johnson & Johnson, 1.875%, due 12/5/19	200,000 par	198,894	198,396
	Kimberly-Clark Corp., 3.875%, due 3/01/21	200,000 par	220,262	203,006
	Kroger Co., 3.70%, due 8/01/27	350,000 par	352,011	330,407
	Lockheed Martin Corp, 3.35%, due 9/15/21	250,000 par	256,505	251,660
	Metlife Inc., 3.60%, due 4/10/24	100,000 par	100,405	100,689
	Morgan Stanley, 5.50%, due 7/24/20	100,000 par	91,339	103,088
	Morgan Stanley, 5.75%, due 1/25/21	100,000 par	97,723	104,265
	Morgan Stanley, 5.50%, due 1/26/20	100,000 par	93,699	102,272
	Occidental Petroleum Corp., 2.70%, due 2/15/23	300,000 par	301,737	290,769
	Oracle Corp, 1.90%, due 9/15/21	100,000 par	100,647	97,021

(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, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Corporate bonds (continued):				
	Pseg Power LLC., 3.00%, due 6/15/21	150,000 par	\$ 148,632	\$ 147,527
	Philip Morris Intl Inc., 2.625%, due 3/06/23	300,000 par	301,350	288,468
	Philip Morris Intl Inc., 3.25%, due 11/10/24	150,000 par	154,033	146,390
	JM Smucker Co., 3.50%, due 3/15/25	100,000 par	102,961	96,015
	Southern Co., 2.95%, due 7/1/23	100,000 par	99,779	96,570
	Telefonica Emisiones S.A.U., 5.877%, due 7/15/19	150,000 par	153,675	151,797
	Telefonica Emisiones S.A.U., 5.462%, due 2/16/21	150,000 par	150,000	155,452
	Time Warner Cable Inc, 5.00%, due 2/01/20	100,000 par	110,330	101,403
	UnitedHealth Group Inc., 2.375%, due 10/15/22	100,000 par	98,305	96,931
	Verizon Communications, 5.15%, due 9/15/23	300,000 par	311,799	319,308
	Vodafone Group PLC., 2.95%, due 2/19/23	300,000 par	296,855	288,825
	Wells Fargo & Co., Var%, due 8/30/23	100,000 par	100,000	96,990
			<u>\$ 9,045,650</u>	<u>\$ 8,919,199</u>
Real estate:				
	Federal Realty Investment Trust	10,030 shares	\$ 1,199,690	\$ 1,183,941
	Hospitality Properties Trust	12,665 shares	297,520	302,440
	Public Storage Inc.	8,230 shares	1,770,861	1,665,835
			<u>\$ 3,268,071</u>	<u>\$ 3,152,216</u>
U.S. Government securities:				
	U.S. Treasury, 8.875% bond, due 2/15/19	100,000 par	\$ 133,668	\$ 100,766
	U.S. Treasury, 8.50% bond, due 2/15/20	100,000 par	131,949	106,449
	U.S. Treasury, 7.875% bond, due 2/15/21	100,000 par	142,156	111,008
	U.S. Treasury, 2.375% note, due 12/31/20	200,000 par	198,476	199,554
	U.S. Treasury, 2.75% note, due 2/15/24	600,000 par	619,137	606,420
	U.S. Treasury, 2.375% note, due 8/15/24	250,000 par	252,578	247,705
	U.S. Treasury, 2.25% note, due 11/15/24	425,000 par	413,435	417,677
	U.S. Treasury, 2.125% note, due 12/31/21	100,000 par	97,473	99,016
	U.S. Treasury, 2.00% note, due 2/15/25	1,000,000 par	1,002,031	967,310
	U.S. Treasury, 2.75% note, due 2/15/19	300,000 par	300,703	300,126
	U.S. Treasury, 3.375% note, due 11/15/19	100,000 par	101,805	100,602
	U.S. Treasury, 2.25% note, due 11/15/25	200,000 par	195,492	195,586
	U.S. Treasury, 2.00% note, due 11/30/22	100,000 par	95,996	98,180
	U.S. Treasury, 3.50% note, due 5/15/20	200,000 par	207,609	202,492
	U.S. Treasury, 2.125% note, due 12/31/22	450,000 par	463,482	443,655
	U.S. Treasury, 1.625% note, due 2/15/26	300,000 par	293,625	280,827
	U.S. Treasury, 3.125% note, due 5/15/21	100,000 par	99,770	101,484
	U.S. Treasury, 1.625% note, due 5/15/26	400,000 par	368,500	373,532
	U.S. Treasury, 2.00% note, due 2/15/22	300,000 par	300,492	295,782
	U.S. Treasury, 1.125% note, due 12/31/19	500,000 par	487,961	492,635
	U.S. Treasury, 2.125% note, due 11/30/23	200,000 par	197,078	196,390
	U.S. Treasury, 2.00% note, due 12/31/21	100,000 par	96,965	98,633

(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, 2018**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
U.S. Government securities (continued):				
	U.S. Treasury, 2.25% note, due 12/31/23	100,000 par	\$ 96,039	\$ 98,734
	U.S. Treasury, 2.25% note, due 2/15/27	800,000 par	804,720	776,816
	U.S. Treasury, 2.75% note, due 11/15/23	100,000 par	99,484	101,094
	U.S. Treasury, 2.50% note, due 5/15/24	350,000 par	349,398	349,356
	U.S. Treasury, 1.50% note, due 8/15/26	400,000 par	363,438	369,000
	U.S. Treasury, 1.875% note, due 12/15/20	100,000 par	97,840	98,809
	U.S. Treasury, 1.875% note, due 12/31/19	100,000 par	98,969	99,273
	U.S. Treasury Prin Strip, 0%, due 11/15/28	1,200,000 par	909,492	908,484
			<u>\$ 9,019,761</u>	<u>\$ 8,837,395</u>
Mortgage-backed securities:				
	Federal Home Loan Mortgage Corp., 2.375% note, due 1/13/22	150,000 par	<u>\$ 149,190</u>	<u>\$ 149,403</u>

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, 2018

(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 (iii) - Series of transactions in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A.	BIF Money Fund	\$ 10,003,345	\$ -	\$10,003,345	\$ 10,003,345	\$ -
Bank of America, N.A.	BIF Money Fund	-	10,133,073	10,133,073	10,133,073	-

There were no reportable category (i), (ii), or (iv) transactions for the year ended December 31, 2018.

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 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2018**This Form is Open to Public
Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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 <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....		2a	67,992,824
b Actuarial value.....		2b	65,365,058
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.....	211	18,770,747	18,770,747
b For terminated vested participants.....	243	8,536,103	8,536,103
c For active participants.....	812	40,595,038	42,512,866
d Total.....	1,266	67,901,888	69,819,716
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	5.90%
6 Target normal cost.....		6	2,581,530

Statement by Enrolled Actuary

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

SIGN HERE	Jeffrey A. Schapel 	10/15/2019
Signature of actuary		Date
JEFFREY A. SCHAPPEL, EA, MAAA		1707786
Type or print name of actuary		Most recent enrollment number
CBIZ BENEFITS & INSURANCE, INC		216-447-9000
Firm name		Telephone number (including area code)
5050 OAK TREE BLVD, SUITE 500		
CLEVELAND OH 44131		
Address of the firm		

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

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

Schedule SB (Form 5500) 2018
v. 171027

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	4,173,115
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	4,173,115
10 Interest on line 9 using prior year's actual return of <u>11.72%</u>	0	489,089
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		601,102
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>6.08%</u>		36,547
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		637,649
d Portion of (c) to be added to prefunding balance.....		637,649
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	5,299,853

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage	14	86.02%
15	Adjusted funding target attainment percentage	15	86.02%
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	91.78%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2018	1,100,000	0			
01/15/2019	1,100,000	0			
04/15/2019	1,100,000	0			
07/15/2019	1,100,000	0			
			Totals ►	18(b)	4,400,000
					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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	4,068,160

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: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ 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) Prior regulation: ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				
Current regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	2,581,530
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		9,754,511	1,416,060
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	3,997,590
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)		36	3,997,590
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	4,068,160
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	70,570
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