

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2019</div> This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1989</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1441988</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-663-5941</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336300</u></td> </tr> </table>	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>	
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.	10/15/2020	ART LIMING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	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 (2019)
v. 190130

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;"></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 1241
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	<div style="background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> 6a(1) 728 6a(2) 679 6b 142 6c 150 6d 971 6e 23 6f 994 6g 6h 5
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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>68532899</u>
	b Actuarial value	2b	<u>71795504</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>244</u>	<u>23848176</u>
	b For terminated vested participants.....	<u>268</u>	<u>10003877</u>
	c For active participants	<u>729</u>	<u>43250079</u>
	d Total.....	<u>1241</u>	<u>77102132</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>5.72</u> %
6	Target normal cost.....	6	<u>2589680</u>

Statement by Enrolled Actuary

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

SIGN HERE	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;"><u>10/14/2020</u></div> <div style="text-align: right;">Signature of actuary</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;"><u>20-07786</u></div> <div style="text-align: right;">Date</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;"><u>CBIZ BENEFITS & INSURANCE, INC</u></div> <div style="text-align: right;">Type or print name of actuary</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;"><u>6050 OAK TREE BLVD, SUITE 500 CLEVELAND, OH 44131</u></div> <div style="text-align: right;">Firm name</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;"><u>216-447-9000</u></div> <div style="text-align: right;">Most recent enrollment number</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;"><u>6050 OAK TREE BLVD, SUITE 500 CLEVELAND, OH 44131</u></div> <div style="text-align: right;">Address of the firm</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;"><u>216-447-9000</u></div> <div style="text-align: right;">Telephone number (including area code)</div> </div>	
----------------------	--	--

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) 2019
v. 190130**

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	5299853
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	5299853
10 Interest on line 9 using prior year's actual return of <u>-3.10</u> %	0	-164295
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		70570
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>5.90</u> %		4164
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		74734
d Portion of (c) to be added to prefunding balance		74734
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5210292

Part III Funding Percentages		
14 Funding target attainment percentage	14	86.35 %
15 Adjusted funding target attainment percentage	15	86.35 %
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	86.02 %
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
10/15/2019	1300000	0			
11/27/2019	1300000	0			
03/19/2020	1300000	0			
07/15/2020	1300000	0			
Totals ▶			18(b)	5200000	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	4889469
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
0	0	0
		(4) 4th 0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☒

Prescribed - combined

☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 2589680**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 10516962 Installment 2508454**b** Waiver amortization installment 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 5098134

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5098134	5098134

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 4889469**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 4889469**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 4889469**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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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	582233	Yes ☒ No ☐	Yes ☒ No ☐	0	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	37233	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
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	16546	605463
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	3300000	2600000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	319804	211598
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1608635	152821
(2) U.S. Government securities	1c(2)	8986798	9391234
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	8919199	7406459
(B) All other.....	1c(3)(B)	687877	679171
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	38401259	43137656
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)	3152216	0
(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)	3193981	3476783
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	68586315 67661185
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	68586315 67661185

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	5200000
	(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)	5200000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	31215
	(B) U.S. Government securities	2b(1)(B)	220092
	(C) Corporate debt instruments	2b(1)(C)	305963
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	34536
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	591806
(2)	Dividends: (A) Preferred stock	2b(2)(A)	0
	(B) Common stock	2b(2)(B)	1531610
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	-5063
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1526547
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	85107980
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	81310154
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	3797826
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	6740382
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	6740382

		(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)		99464
c Other income	2c		174491
d Total income. Add all income amounts in column (b) and enter total	2d		18130516

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18438320	
(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)		18438320
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)	579214	
(4) Other	2i(4)	38112	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		617326
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19055646

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-925130
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) ☐ Unmodified (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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
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?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
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 4236207. (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>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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		3 244
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) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:	
a	The current year	14a
b	The plan year immediately preceding the current plan year	14b
c	The second preceding plan year	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year	15a
b	The corresponding number for the second preceding plan year	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐	

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>63.8</u> % Investment-Grade Debt: <u>30.9</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>5.3</u> %</p> <p>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</p> <p>c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):</p>
20	<p>PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No</p> <p>b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____</p>

KTH Parts Industries, Inc. Associate Retirement Plan

Financial Report
December 31, 2019

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, 2019 and 2018 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, 2019 and 2018 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, 2019 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 VS LLP

Dayton, Ohio
October 14, 2020

KTH Parts Industries, Inc. Associate Retirement Plan

**Statements of Net Assets Available for Benefits
December 31, 2019 and 2018**

	2019	2018
Assets		
Investments, at fair value:		
Common stocks	\$ 43,137,656	\$ 38,401,259
Cash equivalents	152,821	1,608,635
Mutual funds	3,476,783	3,193,981
Municipal bonds	679,171	687,877
Corporate bonds	7,406,459	8,919,199
Real estate	-	3,152,216
U.S. Government securities	9,238,921	8,837,395
Mortgage-backed securities	152,313	149,403
Total investments	64,244,124	64,949,965
Receivables:		
Accrued investment income	211,598	319,804
Employer contributions	2,600,000	3,300,000
Total receivables	2,811,598	3,619,804
Cash	605,463	16,546
Liabilities	-	-
Net assets available for benefits	\$ 67,661,185	\$ 68,586,315

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, 2019 and 2018**

	2019	2018
Investment income (loss):		
Interest and dividends	\$ 2,118,353	\$ 2,085,297
Net appreciation (depreciation) in fair value of investments	10,812,163	(3,569,662)
Net investment income (loss)	12,930,516	(1,484,365)
Employer contributions	5,200,000	4,400,000
Total additions	18,130,516	2,915,635
Deductions from net assets attributable to:		
Benefits paid to participants or beneficiaries	18,438,320	1,799,473
Administrative expenses	617,326	572,655
Total deductions	19,055,646	2,372,128
Net (decrease) increase	(925,130)	543,507
Net assets available for benefits:		
Beginning	68,586,315	68,042,808
Ending	<u><u>\$ 67,661,185</u></u>	<u><u>\$ 68,586,315</u></u>

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.

During 2019, the Plan was amended to allow for lump sum distributions for any participant who terminated his or her employment before January 1, 2019. The election period for the lump sum option commenced September 15, 2019 and expired November 15, 2019. The lump sum payment is a single payment equal to the actuarial present value of the participant's vested accrued benefit. There were \$16,388,170 of lump sum distributions included in benefits paid directly to participants on the statement of changes in net assets available for benefits for the year ended December 31, 2019.

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

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

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

The actuarial present value of accumulated plan benefits is determined by an actuary from CBIZ Benefits & Insurance Services of Ohio, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation were (a) life expectancy of participants based on the RP-2014 mortality with blue collar adjustments; scale MP-2019 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%
62	20%
63	10%
64	20%
65	100%

Significant changes in assumptions during the year include a change in the improvement scale from MP-2018 to MP-2019.

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, 2019. Had the valuation been performed as of December 31, 2018 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, 2018 and the changes in accumulated plan benefits for the year then ended:

Vested benefits:	
Participants currently receiving payments	\$ 18,680,999
Other participants	34,197,167
Nonvested benefits	1,449,532
Total	<u>\$ 54,327,698</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 50,217,726</u>
Increase (decrease) attributable to:	
Change in assumptions	(120,428)
Benefits accumulated	1,714,954
Gains and losses	320,514
Decrease in discount period	3,994,405
Benefits paid	<u>(1,799,473)</u>
Net increase	<u>4,109,972</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 54,327,698</u>

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.

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, 2019 and 2018 was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to these Plan assets is complete and accurate.

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

Bank of America, N.A. also certified to the completeness and accuracy of \$10,812,163 of net appreciation and \$3,569,662 of net depreciation in fair value of investments and \$2,118,353 and \$2,085,297 of interest and dividends for the years ended December 31, 2019 and 2018, respectively.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

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 2019 and 2018.

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.

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.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 6. Fair Value Information (Continued)

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, 2019 and 2018.

Common stocks, cash equivalents, mutual funds, and real estate: Valued at the closing price reported on the active market on which the individual securities are traded.

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.

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

The following table summarizes assets measured at fair value on a recurring basis as of December 31, 2019 and 2018 segregated by the level of the valuation inputs within the fair value hierarchy utilized to measure fair value.

	December 31, 2019			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 43,137,656	\$ -	\$ -	\$ 43,137,656
Cash equivalents	152,821	-	-	152,821
Mutual funds	3,476,783	-	-	3,476,783
Municipal bonds	-	679,171	-	679,171
Corporate bonds	-	7,406,459	-	7,406,459
U.S. Government securities	-	9,238,921	-	9,238,921
Mortgage-backed securities	-	152,313	-	152,313
Total investments, at fair value	\$ 46,767,260	\$ 17,476,864	\$ -	\$ 64,244,124

	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

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.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 7. Income Tax Status

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

The Plan Administrator evaluated the Plan's tax positions and concluded that there are no uncertain tax positions that require recognition or disclosure in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by tax authorities for years before 2016.

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 \$617,326 and \$572,655 during 2019 and 2018, 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*. The amendments in this ASU modify the disclosure requirements on fair value measurements in Topic 820, *Fair Value Measurement*, based on the concepts in the FASB Concepts Statement, including consideration of costs and benefits.

The following disclosure requirements were removed from Topic 820:

1. The amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy.
2. The policy for timing of transfers between levels.

The amendments in this Update are effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. The entity is permitted to early adopt any removed or modified disclosures upon issuance of this Update and delay adoption of the additional disclosures under their effective date. The Plan adopted this Update for the removal, modification or addition of certain fair value measurement disclosures presented in Note 6 of the financial statements.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 11. Subsequent Events

Subsequent to year-end, on January 30, 2020, the World Health Organization declared the coronavirus outbreak, a “Public Health Emergency of International Concern” and on March 11, 2020, declared it to be a pandemic. The pandemic in the United States and throughout the world has resulted in substantial volatility in financial markets. The full impact of the coronavirus outbreak continues to evolve as of the date of this report.

The Plan administrator has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued.

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, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Common stocks:				
	3M Co.	10,975 shares	\$ 1,957,560	\$ 1,936,210
	Abbott Laboratories	12,270 shares	407,871	1,065,772
	Abbvie Inc.	12,160 shares	534,012	1,076,646
	Amgen Inc.	7,265 shares	1,250,089	1,751,374
	AT&T Inc.	47,385 shares	1,529,225	1,851,806
	Automatic Data Processing Inc.	10,375 shares	566,715	1,768,938
	Canadian Imperial Bank of Commerce	18,390 shares	1,499,099	1,530,048
	Chevron Corp.	15,995 shares	1,626,456	1,927,557
	Coca Cola Company	32,715 shares	1,446,210	1,810,775
	Consolidated Edison Inc.	15,650 shares	1,250,947	1,415,856
	CVS Health Corp.	28,040 shares	1,499,914	2,083,092
	Exxon Mobil Corp.	22,640 shares	1,860,430	1,579,819
	Franklin Resources Inc.	51,940 shares	1,503,387	1,349,401
	General Mills Inc.	29,665 shares	1,649,941	1,588,857
	Genuine Parts Co.	14,020 shares	1,249,918	1,489,345
	Glaxosmithkline PLC	35,085 shares	1,496,912	1,648,644
	Honda Motor Ltd.	8,100 shares	189,270	229,311
	International Business Machines Corp.	11,880 shares	1,761,496	1,592,395
	Johnson & Johnson	10,620 shares	962,180	1,549,139
	Kellogg Co.	26,505 shares	1,511,175	1,833,086
	Microsoft Corp.	18,090 shares	520,119	2,852,793
	Pfizer Inc.	51,230 shares	1,711,416	2,007,191
	Smucker J M Co.	11,920 shares	1,253,572	1,241,230
	Total S.A. Sponsored ADR	26,435 shares	1,500,886	1,461,856
	United Parcel Service Inc.	12,825 shares	1,250,438	1,501,295
	Verizon Communications Inc.	25,755 shares	1,346,208	1,581,357
	Wells Fargo & Co.	26,280 shares	1,250,134	1,413,863
			<u>\$ 34,585,580</u>	<u>\$ 43,137,656</u>
Cash equivalents:				
	Blackrock Liquidity Funds	152,821 shares	\$ 152,821	\$ 152,821
Mutual funds:				
	iShares Core Dividend Growth ETF	34,585 shares	\$ 1,312,152	\$ 1,454,991
	iShares Edge MSCI Min. Vol. USA ETF	30,820 shares	1,867,999	2,021,792
			<u>\$ 3,180,151</u>	<u>\$ 3,476,783</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, 2019

(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	\$ 271,473
	Evansville IN, 5.75%, due 2/1/20	300,000 par	345,342	300,801
	New Jersey Environmental, 5.25%, due 9/1/21	100,000 par	105,750	106,897
			<u>\$ 733,915</u>	<u>\$ 679,171</u>
	Corporate bonds:			
	AT&T Inc., 2.45%, due 6/30/20	200,000 par	\$ 199,200	\$ 200,680
	Abbvie Inc., 2.50%, due 5/14/20	200,000 par	204,870	200,300
	Agilent Technologies Inc., 3.20%, due 10/1/22	250,000 par	251,865	255,828
	Altria Group Inc., 2.625%, due 1/14/20	100,000 par	99,420	100,014
	American Express Co., 2.20%, due 10/30/20	100,000 par	99,007	100,206
	Apple Inc., 2.50%, due 2/9/25	50,000 par	49,361	50,931
	Astrazeneca PLC, 3.375%, due 11/16/25	100,000 par	102,340	106,285
	Boeing Co., 2.25%, due 6/15/26	200,000 par	196,166	197,574
	Bristol Myers Squibb Co., 3.25%, due 11/1/23	100,000 par	99,545	104,703
	Cardinal Health Inc., 3.20%, due 6/15/22	100,000 par	98,251	102,463
	Costco Wholesale Corp., 2.15%, due 5/18/21	100,000 par	99,123	100,557
	Credit Suisse AG, 5.40%, due 1/14/20	50,000 par	50,990	50,047
	Enterprise Prods. Oper. LLC., 3.125%, due 7/31/29	200,000 par	199,890	205,800
	General Motors Finl. Co. Inc., 4.35%, due 1/17/27	200,000 par	204,704	210,256
	Glaxosmithkline Cap. PLC, 2.85%, due 5/8/22	100,000 par	97,804	102,204
	Glaxosmithkline Cap. PLC, 3.375%, due 6/1/29	100,000 par	105,249	107,335
	Goldman Sachs Group Inc., 5.25%, due 7/27/21	250,000 par	240,525	262,355
	HSBC USA Inc., 5.00%, due 9/27/20	200,000 par	217,740	204,194
	HSBC Finance Corp., 6.676%, due 1/15/21	100,000 par	104,244	104,122
	Hewlett-Packard Co., 4.05%, due 9/15/22	250,000 par	254,008	261,208
	Home Depot Inc., 2.95%, due 6/15/29	200,000 par	204,736	208,100
	International Business Machines Corp., 3.45%, due 2/19/26	50,000 par	50,583	53,338
	JPMorgan Chase & Co., 3.20%, due 1/25/23	150,000 par	149,993	154,806
	JPMorgan Chase & Co., 4.125%, due 12/15/26	200,000 par	202,938	219,108
	Kimberly-Clark Corp., 3.875%, due 3/1/21	50,000 par	55,066	51,153
	Kroger Co., 3.70%, due 8/1/27	350,000 par	352,011	374,840
	Lockheed Martin Corp, 3.35%, due 9/15/21	250,000 par	256,505	256,263
	Merck & Co. Inc., 3.40%, due 3/7/29	50,000 par	53,335	54,170
	Metlife Inc., 3.60%, due 4/10/24	100,000 par	100,405	106,558
	Morgan Stanley, 5.50%, due 7/24/20	100,000 par	91,339	102,018
	Morgan Stanley, 5.75%, due 1/25/21	100,000 par	97,723	103,857
	Morgan Stanley, 5.50%, due 1/26/20	100,000 par	93,699	100,212
	Occidental Petroleum Corp., 2.70%, due 2/15/23	300,000 par	301,737	302,388
	Oracle Corp, 1.90%, due 9/15/21	100,000 par	100,647	100,210

(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, 2019

(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	\$ 151,725
	Pfizer Inc., 3.45%, due 3/15/29	250,000 par	264,550	269,420
	Philip Morris Intl. Inc., 2.625%, due 3/6/23	300,000 par	301,350	304,992
	Smucker J M Co., 3.50%, due 3/15/25	100,000 par	102,961	105,262
	Southern Co., 2.95%, due 7/1/23	100,000 par	99,779	102,581
	Telefonica Emisiones SAU, 5.462%, due 2/16/21	150,000 par	150,000	155,685
	Time Warner Cable Inc, 5.00%, due 2/1/20	100,000 par	110,330	100,187
	UnitedHealth Group Inc., 2.375%, due 10/15/22	100,000 par	98,305	101,251
	Verizon Communications, 5.15%, due 9/15/23	300,000 par	311,799	333,573
	Vodafone Group PLC, 2.95%, due 2/19/23	300,000 par	296,853	307,196
	Waste Mgmt. Inc., 3.45%, due 6/15/29	150,000 par	157,444	160,644
	Wells Fargo & Co., Var%, due 8/30/23	100,000 par	100,000	99,860
			<u>\$ 7,227,022</u>	<u>\$ 7,406,459</u>
U.S. Government securities:				
	U.S. Treasury, 8.50% bond, due 2/15/20	100,000 par	\$ 131,949	\$ 100,810
	U.S. Treasury, 2.375% note, due 12/31/20	200,000 par	198,476	201,414
	U.S. Treasury, 2.75% note, due 2/15/24	450,000 par	464,353	469,391
	U.S. Treasury, 2.375% note, due 8/15/24	250,000 par	252,578	257,658
	U.S. Treasury, 2.25% note, due 11/15/24	425,000 par	413,435	436,139
	U.S. Treasury, 2.125% note, due 12/31/21	100,000 par	97,473	101,051
	U.S. Treasury, 2.00% note, due 2/15/25	850,000 par	851,727	862,283
	U.S. Treasury, 2.25% note, due 11/15/25	700,000 par	690,397	719,061
	U.S. Treasury, 2.00% note, due 11/30/22	100,000 par	95,996	101,129
	U.S. Treasury, 3.50% note, due 5/15/20	50,000 par	51,902	50,334
	U.S. Treasury, 2.125% note, due 12/31/22	450,000 par	463,482	456,854
	U.S. Treasury, 1.625% note, due 2/15/26	300,000 par	293,625	297,363
	U.S. Treasury, 3.125% note, due 5/15/21	100,000 par	99,770	102,043
	U.S. Treasury, 1.625% note, due 5/15/26	400,000 par	368,500	395,952
	U.S. Treasury, 2.00% note, due 2/15/22	150,000 par	150,246	151,278
	U.S. Treasury, 2.00% note, due 11/15/26	350,000 par	339,115	354,060
	U.S. Treasury, 2.125% note, due 11/30/23	50,000 par	49,270	50,891
	U.S. Treasury, 2.00% note, due 12/31/21	50,000 par	48,482	50,401

(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, 2019

(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	\$ 102,277
	U.S. Treasury, 2.25% note, due 2/15/27	650,000 par	653,835	668,259
	U.S. Treasury, 2.75% note, due 11/15/23	100,000 par	99,484	104,082
	U.S. Treasury, 2.50% note, due 5/15/24	350,000 par	349,398	362,156
	U.S. Treasury, 1.50% note, due 8/15/26	400,000 par	363,438	392,264
	U.S. Treasury, 2.25% note, due 10/31/24	500,000 par	496,865	513,085
	U.S. Treasury, 2.25% note, due 11/15/27	500,000 par	488,340	514,220
	U.S. Treasury, 1.875% note, due 12/15/20	100,000 par	97,840	100,219
	U.S. Treasury, 2.75% note, due 2/15/28	300,000 par	304,405	319,835
	U.S. Treasury Prin Strip, 0%, due 11/15/28	1,200,000 par	909,492	1,004,412
			<u>\$ 8,919,912</u>	<u>\$ 9,238,921</u>
Mortgage-backed securities:				
	Federal Home Loan Mortgage Corp., 2.375% note, due 1/13/22	150,000 par	\$ 149,190	\$ 152,313

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, 2019

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Category (i) - Single transactions in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A.	Blackrock Liquidity Funds	\$ 7,826,054	\$ -	\$ 7,826,054	\$ 7,826,054	\$ -
Bank of America, N.A.	Blackrock Liquidity Funds	16,369,925	-	16,369,925	16,369,925	-
Bank of America, N.A.	Blackrock Liquidity Funds	-	13,692,262	13,692,262	13,692,262	-
Bank of America, N.A.	Blackrock Liquidity Funds	-	16,357,180	16,357,180	16,357,180	-
Category (iii) - Series of transactions in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A.	Blackrock Liquidity Funds	\$ 41,435,917	\$ -	\$ 41,435,917	\$ 41,435,917	\$ -
Bank of America, N.A.	Blackrock Liquidity Funds	-	42,891,731	42,891,731	42,891,731	-
Bank of America, N.A.	iShares Edge MSC I Min. Vol. USA ETF	4,620,437	-	4,620,437	4,620,437	-
Bank of America, N.A.	iShares Edge MSC I Min. Vol. USA ETF	-	5,468,059	4,953,077	4,953,077	514,982

There were no reportable category (ii) or (iv) transactions for the year ended December 31, 2019.

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

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

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:	2.28%	3.74%
Segment II:	3.81%	5.35%
Segment III:	4.46%	6.11%

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 2019 Plan Year was 5.72%. For the prior Plan year, the EIR was 5.90%.

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:	3.38%	2.28%
Segment II:	4.32%	3.81%
Segment III:	4.69%	4.46%

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 the same as the valuation.

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:

Age	Rates
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 3 years younger than 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, 2019

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, 2019

Total Contributed: \$5,200,000.00

Total Discounted to Valuation Date: \$4,889,469.00

Date	Amount	Plan Year Beginning	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
10/15/2019	1,300,000	01/2019	5.72%	55,633			1,244,367
11/27/2019	1,300,000	01/2019	5.72%	63,760			1,236,240
03/19/2020	1,300,000	01/2019	5.72%	84,755			1,215,245
07/15/2020	1,300,000	01/2019	5.72%	106,383			1,193,617

SUMMARY of PLAN BENEFITS

Plan Effective Date	January 1, 1989
Plan Anniversary Date	January 1, 2019
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 \$280,000
Death Benefit	Joint & 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 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
(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

2019**This Form is Open to Public
Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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>2019</u>			
2 Assets:			
a Market value	2a	68,532,899	
b Actuarial value	2b	71,795,504	
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	244	23,848,176	23,848,176
b For terminated vested participants	268	10,003,877	10,003,877
c For active participants	729	41,579,586	43,250,079
d Total	1,241	75,431,639	77,102,132
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	5.72%	
6 Target normal cost	6	2,589,680	

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		10/14/2020
	Signature of actuary		Date
	JEFFREY A. SCHAPPEL, EA, MAAA		2007786
	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) 2019
v. 190130

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

21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	2,589,680
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	10,516,962	2,508,454	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	5,098,134
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5,098,134	5,098,134
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	4,889,469
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	4,889,469
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	4,889,469
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

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, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Common stocks:				
	3M Co.	10,975 shares	\$ 1,957,560	\$ 1,936,210
	Abbott Laboratories	12,270 shares	407,871	1,065,772
	Abbvie Inc.	12,160 shares	534,012	1,076,646
	Amgen Inc.	7,265 shares	1,250,089	1,751,374
	AT&T Inc.	47,385 shares	1,529,225	1,851,806
	Automatic Data Processing Inc.	10,375 shares	566,715	1,768,938
	Canadian Imperial Bank of Commerce	18,390 shares	1,499,099	1,530,048
	Chevron Corp.	15,995 shares	1,626,456	1,927,557
	Coca Cola Company	32,715 shares	1,446,210	1,810,775
	Consolidated Edison Inc.	15,650 shares	1,250,947	1,415,856
	CVS Health Corp.	28,040 shares	1,499,914	2,083,092
	Exxon Mobil Corp.	22,640 shares	1,860,430	1,579,819
	Franklin Resources Inc.	51,940 shares	1,503,387	1,349,401
	General Mills Inc.	29,665 shares	1,649,941	1,588,857
	Genuine Parts Co.	14,020 shares	1,249,918	1,489,345
	Glaxosmithkline PLC	35,085 shares	1,496,912	1,648,644
	Honda Motor Ltd.	8,100 shares	189,270	229,311
	International Business Machines Corp.	11,880 shares	1,761,496	1,592,395
	Johnson & Johnson	10,620 shares	962,180	1,549,139
	Kellogg Co.	26,505 shares	1,511,175	1,833,086
	Microsoft Corp.	18,090 shares	520,119	2,852,793
	Pfizer Inc.	51,230 shares	1,711,416	2,007,191
	Smucker J M Co.	11,920 shares	1,253,572	1,241,230
	Total S.A. Sponsored ADR	26,435 shares	1,500,886	1,461,856
	United Parcel Service Inc.	12,825 shares	1,250,438	1,501,295
	Verizon Communications Inc.	25,755 shares	1,346,208	1,581,357
	Wells Fargo & Co.	26,280 shares	1,250,134	1,413,863
			<u>\$ 34,585,580</u>	<u>\$ 43,137,656</u>
Cash equivalents:				
	Blackrock Liquidity Funds	152,821 shares	\$ 152,821	\$ 152,821
Mutual funds:				
	iShares Core Dividend Growth ETF	34,585 shares	\$ 1,312,152	\$ 1,454,991
	iShares Edge MSCI Min. Vol. USA ETF	30,820 shares	1,867,999	2,021,792
			<u>\$ 3,180,151</u>	<u>\$ 3,476,783</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, 2019

(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	\$ 271,473
	Evansville IN, 5.75%, due 2/1/20	300,000 par	345,342	300,801
	New Jersey Environmental, 5.25%, due 9/1/21	100,000 par	105,750	106,897
			<u>\$ 733,915</u>	<u>\$ 679,171</u>
	Corporate bonds:			
	AT&T Inc., 2.45%, due 6/30/20	200,000 par	\$ 199,200	\$ 200,680
	Abbvie Inc., 2.50%, due 5/14/20	200,000 par	204,870	200,300
	Agilent Technologies Inc., 3.20%, due 10/1/22	250,000 par	251,865	255,828
	Altria Group Inc., 2.625%, due 1/14/20	100,000 par	99,420	100,014
	American Express Co., 2.20%, due 10/30/20	100,000 par	99,007	100,206
	Apple Inc., 2.50%, due 2/9/25	50,000 par	49,361	50,931
	Astrazeneca PLC, 3.375%, due 11/16/25	100,000 par	102,340	106,285
	Boeing Co., 2.25%, due 6/15/26	200,000 par	196,166	197,574
	Bristol Myers Squibb Co., 3.25%, due 11/1/23	100,000 par	99,545	104,703
	Cardinal Health Inc., 3.20%, due 6/15/22	100,000 par	98,251	102,463
	Costco Wholesale Corp., 2.15%, due 5/18/21	100,000 par	99,123	100,557
	Credit Suisse AG, 5.40%, due 1/14/20	50,000 par	50,990	50,047
	Enterprise Prods. Oper. LLC., 3.125%, due 7/31/29	200,000 par	199,890	205,800
	General Motors Finl. Co. Inc., 4.35%, due 1/17/27	200,000 par	204,704	210,256
	Glaxosmithkline Cap. PLC, 2.85%, due 5/8/22	100,000 par	97,804	102,204
	Glaxosmithkline Cap. PLC, 3.375%, due 6/1/29	100,000 par	105,249	107,335
	Goldman Sachs Group Inc., 5.25%, due 7/27/21	250,000 par	240,525	262,355
	HSBC USA Inc., 5.00%, due 9/27/20	200,000 par	217,740	204,194
	HSBC Finance Corp., 6.676%, due 1/15/21	100,000 par	104,244	104,122
	Hewlett-Packard Co., 4.05%, due 9/15/22	250,000 par	254,008	261,208
	Home Depot Inc., 2.95%, due 6/15/29	200,000 par	204,736	208,100
	International Business Machines Corp., 3.45%, due 2/19/26	50,000 par	50,583	53,338
	JPMorgan Chase & Co., 3.20%, due 1/25/23	150,000 par	149,993	154,806
	JPMorgan Chase & Co., 4.125%, due 12/15/26	200,000 par	202,938	219,108
	Kimberly-Clark Corp., 3.875%, due 3/1/21	50,000 par	55,066	51,153
	Kroger Co., 3.70%, due 8/1/27	350,000 par	352,011	374,840
	Lockheed Martin Corp, 3.35%, due 9/15/21	250,000 par	256,505	256,263
	Merck & Co. Inc., 3.40%, due 3/7/29	50,000 par	53,335	54,170
	Metlife Inc., 3.60%, due 4/10/24	100,000 par	100,405	106,558
	Morgan Stanley, 5.50%, due 7/24/20	100,000 par	91,339	102,018
	Morgan Stanley, 5.75%, due 1/25/21	100,000 par	97,723	103,857
	Morgan Stanley, 5.50%, due 1/26/20	100,000 par	93,699	100,212
	Occidental Petroleum Corp., 2.70%, due 2/15/23	300,000 par	301,737	302,388
	Oracle Corp, 1.90%, due 9/15/21	100,000 par	100,647	100,210

(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, 2019

(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	\$ 151,725
	Pfizer Inc., 3.45%, due 3/15/29	250,000 par	264,550	269,420
	Philip Morris Intl. Inc., 2.625%, due 3/6/23	300,000 par	301,350	304,992
	Smucker J M Co., 3.50%, due 3/15/25	100,000 par	102,961	105,262
	Southern Co., 2.95%, due 7/1/23	100,000 par	99,779	102,581
	Telefonica Emisiones SAU, 5.462%, due 2/16/21	150,000 par	150,000	155,685
	Time Warner Cable Inc, 5.00%, due 2/1/20	100,000 par	110,330	100,187
	UnitedHealth Group Inc., 2.375%, due 10/15/22	100,000 par	98,305	101,251
	Verizon Communications, 5.15%, due 9/15/23	300,000 par	311,799	333,573
	Vodafone Group PLC, 2.95%, due 2/19/23	300,000 par	296,853	307,196
	Waste Mgmt. Inc., 3.45%, due 6/15/29	150,000 par	157,444	160,644
	Wells Fargo & Co., Var%, due 8/30/23	100,000 par	100,000	99,860
			<u>\$ 7,227,022</u>	<u>\$ 7,406,459</u>
	U.S. Government securities:			
	U.S. Treasury, 8.50% bond, due 2/15/20	100,000 par	\$ 131,949	\$ 100,810
	U.S. Treasury, 2.375% note, due 12/31/20	200,000 par	198,476	201,414
	U.S. Treasury, 2.75% note, due 2/15/24	450,000 par	464,353	469,391
	U.S. Treasury, 2.375% note, due 8/15/24	250,000 par	252,578	257,658
	U.S. Treasury, 2.25% note, due 11/15/24	425,000 par	413,435	436,139
	U.S. Treasury, 2.125% note, due 12/31/21	100,000 par	97,473	101,051
	U.S. Treasury, 2.00% note, due 2/15/25	850,000 par	851,727	862,283
	U.S. Treasury, 2.25% note, due 11/15/25	700,000 par	690,397	719,061
	U.S. Treasury, 2.00% note, due 11/30/22	100,000 par	95,996	101,129
	U.S. Treasury, 3.50% note, due 5/15/20	50,000 par	51,902	50,334
	U.S. Treasury, 2.125% note, due 12/31/22	450,000 par	463,482	456,854
	U.S. Treasury, 1.625% note, due 2/15/26	300,000 par	293,625	297,363
	U.S. Treasury, 3.125% note, due 5/15/21	100,000 par	99,770	102,043
	U.S. Treasury, 1.625% note, due 5/15/26	400,000 par	368,500	395,952
	U.S. Treasury, 2.00% note, due 2/15/22	150,000 par	150,246	151,278
	U.S. Treasury, 2.00% note, due 11/15/26	350,000 par	339,115	354,060
	U.S. Treasury, 2.125% note, due 11/30/23	50,000 par	49,270	50,891
	U.S. Treasury, 2.00% note, due 12/31/21	50,000 par	48,482	50,401

(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, 2019

(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	\$ 102,277
	U.S. Treasury, 2.25% note, due 2/15/27	650,000 par	653,835	668,259
	U.S. Treasury, 2.75% note, due 11/15/23	100,000 par	99,484	104,082
	U.S. Treasury, 2.50% note, due 5/15/24	350,000 par	349,398	362,156
	U.S. Treasury, 1.50% note, due 8/15/26	400,000 par	363,438	392,264
	U.S. Treasury, 2.25% note, due 10/31/24	500,000 par	496,865	513,085
	U.S. Treasury, 2.25% note, due 11/15/27	500,000 par	488,340	514,220
	U.S. Treasury, 1.875% note, due 12/15/20	100,000 par	97,840	100,219
	U.S. Treasury, 2.75% note, due 2/15/28	300,000 par	304,405	319,835
	U.S. Treasury Prin Strip, 0%, due 11/15/28	1,200,000 par	909,492	1,004,412
			<u>\$ 8,919,912</u>	<u>\$ 9,238,921</u>
Mortgage-backed securities:				
	Federal Home Loan Mortgage Corp., 2.375% note, due 1/13/22	150,000 par	\$ 149,190	\$ 152,313

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, 2019**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/(Loss)
Category (i) - Single transactions in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A.	Blackrock Liquidity Funds	\$ 7,826,054	\$ -	\$ 7,826,054	\$ 7,826,054	\$ -
Bank of America, N.A.	Blackrock Liquidity Funds	16,369,925	-	16,369,925	16,369,925	-
Bank of America, N.A.	Blackrock Liquidity Funds	-	13,692,262	13,692,262	13,692,262	-
Bank of America, N.A.	Blackrock Liquidity Funds	-	16,357,180	16,357,180	16,357,180	-
Category (iii) - Series of transactions in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A.	Blackrock Liquidity Funds	\$ 41,435,917	\$ -	\$ 41,435,917	\$ 41,435,917	\$ -
Bank of America, N.A.	Blackrock Liquidity Funds	-	42,891,731	42,891,731	42,891,731	-
Bank of America, N.A.	iShares Edge MSC I Min. Vol. USA ETF	4,620,437	-	4,620,437	4,620,437	-
Bank of America, N.A.	iShares Edge MSC I Min. Vol. USA ETF	-	5,468,059	4,953,077	4,953,077	514,982

There were no reportable category (ii) or (iv) transactions for the year ended December 31, 2019.

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, 2019

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	-	-	1	6	4	5	-	-	-	-	-	-	-	16
25	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 to	-	-	3	14	8	35	-	-	-	-	-	-	-	60
29	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30 to	-	-	1	7	6	38	17	-	-	-	-	-	-	69
34	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35 to	-	-	-	6	6	25	12	2	1	-	-	-	-	52
39	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40 to	-	-	1	3	4	18	9	6	6	-	-	-	-	47
44	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45 to	-	-	1	8	3	18	19	8	39	14	7	-	-	117
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50 to	-	-	1	5	4	21	16	6	41	22	41	-	-	157
54	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55 to	-	-	3	3	-	8	23	10	21	17	50	-	-	135
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60 to	-	-	2	2	1	2	14	6	14	6	23	-	-	70
64	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65 to	-	-	-	-	-	-	1	-	2	-	2	-	-	5
69	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70 & Up	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Total	-	-	13	54	36	170	111	38	125	59	123	-	-	729
	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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, 2019

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
1/1/2019	7	7 year	1,723,659	280,074
1/1/2018	6	7 year	4,740,217	874,120
1/1/2017	5	7 year	2,405,217	517,001
1/1/2016	4	7 Year	1,300,323	343,198
1/1/2015	3	7 Year	244,963	84,670
1/1/2014	2	7 Year	(625,091)	(318,283)
1/1/2013	1	7 Year	727,674	727,674