

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN</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 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> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1441988</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>937-663-5941</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>336300</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1989</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>	
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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.	10/13/2022	WILLIAM MILLICE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	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.

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor 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	990
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	620
a(2) Total number of active participants at the end of the plan year		6a(2)	540
b Retired or separated participants receiving benefits.....		6b	211
c Other retired or separated participants entitled to future benefits		6c	197
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	948
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	36
f Total. Add lines 6d and 6e		6f	984
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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>2021</u>	
2 Assets:	
a Market value	2a <u>74981477</u>
b Actuarial value	2b <u>71809845</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>202</u> (2) Vested Funding Target <u>22051369</u> (3) Total Funding Target <u>22051369</u>
b For terminated vested participants.....	<u>168</u> <u>6374856</u> <u>6374856</u>
c For active participants	<u>620</u> <u>41699893</u> <u>42841082</u>
d Total.....	<u>990</u> <u>70126118</u> <u>71267307</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>5.71</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>2211382</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>2211382</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/12/2022</u> Date
Signature of actuary		<u>20-07786</u> Most recent enrollment number
<u>JEFFREY A. SCHAPPEL, EA, MAAA</u> Type or print name of actuary		<u>216-447-9000</u> Telephone number (including area code)
<u>CBIZ RETIREMENT & INVESTMENT SOLUTIONS</u> Firm name		
<u>P.O. BOX 31420</u> <u>INDEPENDENCE, OH 44131</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

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	6048466
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4469134
9 Amount remaining (line 7 minus line 8)	0	1579332
10 Interest on line 9 using prior year's actual return of <u>6.55</u> %	0	103446
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4508537
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>5.55</u> %		2187
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		292728
c Total available at beginning of current plan year to add to prefunding balance		4803452
d Portion of (c) to be added to prefunding balance		4803452
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	6486230

Part III Funding Percentages

14 Funding target attainment percentage	14	91.66 %
15 Adjusted funding target attainment percentage	15	100.76 %
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	85.11 %
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
10/15/2021	1000000	0			
03/11/2022	1000000	0			
04/18/2022	1000000	0			
07/15/2022	1000000	0			
Totals ▶			18(b)	4000000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3742426

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	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 6c)	31a	2211382	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5943691	554199	
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	2765581	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2765581	2765581
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	3742426	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3742426	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	3742426	
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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KTH PARTS INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1441988	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MERRILL LYNCH, PIERCE, FENNER SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	BROKERAGE	616649	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	32070	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KTH PARTS INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1441988</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	23745	176299
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3600000	3000000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	192455	184919
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2313942	2171042
(2) U.S. Government securities	1c(2)	9489097	8866782
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	7025563	11459636
(B) All other	1c(3)(B)	369225	255468
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	50320870	55930067
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	756296	1844708
(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)	945229	4665372
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	75036422	88554293

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	75036422	88554293
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		4000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	903	
(B) U.S. Government securities	2b(1)(B)	167586	
(C) Corporate debt instruments	2b(1)(C)	281151	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	17675	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		467315
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	1604208	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	22081	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1626289
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	40878095	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	38593060	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2285035
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	8044955	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8044955

		(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)		3320
c Other income.....	2c		81395
d Total income. Add all income amounts in column (b) and enter total.....	2d		16508309
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2344420	
(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)		2344420
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)	612054	
(4) Other.....	2i(4)	33964	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		646018
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2990438
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		13517871
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 423337.

<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>2021</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan KTH PARTS INDUSTRIES, INC. ASSOCIATE RETIREMENT PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 KTH PARTS INDUSTRIES, INC.		D Employer Identification Number (EIN) 34-1441988
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-3513863		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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) 2021 v. 201209		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

- 20 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.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

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 _____

KTH Parts Industries, Inc.

Associate Retirement Plan

Financial Report
December 31, 2021

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Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of KTH Parts Industries, Inc. Associate Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4i—schedule of assets (held at end of year) as of December 31, 2021 and schedule H, line 4(j) – schedule of reportable transactions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. 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 us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RSM US LLP

Dayton, Ohio
October 10, 2022

KTH Parts Industries, Inc. Associate Retirement Plan

**Statements of Net Assets Available for Benefits
December 31, 2021 and 2020**

	2021	2020
Assets		
Investments, at fair value:		
Common stocks	\$ 55,930,067	\$ 50,320,870
Cash equivalents	2,171,042	2,313,942
Mutual funds	4,665,372	945,229
Municipal bonds	255,468	369,225
Corporate bonds	11,459,636	7,025,563
Real estate	1,844,708	756,296
U.S. Government securities	8,716,684	9,335,629
Mortgage-backed securities	150,098	153,468
Total investments	85,193,075	71,220,222
Receivables:		
Accrued investment income	184,919	192,455
Employer contributions	3,000,000	3,600,000
Total receivables	3,184,919	3,792,455
Cash	176,299	23,745
Liabilities	-	-
Net assets available for benefits	\$ 88,554,293	\$ 75,036,422

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, 2021 and 2020**

	2021	2020
Investment income:		
Interest and dividends	\$ 2,093,604	\$ 2,053,553
Net appreciation in fair value of investments	10,414,705	2,826,770
Net investment income	12,508,309	4,880,323
Employer contributions	4,000,000	4,800,000
Total additions	16,508,309	9,680,323
Deductions from net assets attributable to:		
Benefits paid to participants or beneficiaries	2,344,420	1,764,145
Administrative expenses	646,018	540,941
Total deductions	2,990,438	2,305,086
Net increase	13,517,871	7,375,237
Net assets available for benefits:		
Beginning	75,036,422	67,661,185
Ending	\$ 88,554,293	\$ 75,036,422

See notes to financial statements.

KTH Parts Industries, Inc. Associate Retirement Plan

Notes to Financial Statements

Note 1. Description of the Plan

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

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

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

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

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

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

Note 2. Summary of Significant Accounting Policies

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

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividend income is recognized on the ex-dividend date. Net 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-2021 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-2020 to MP-2021 and change in discount rate from 8% to 7%.

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, 2021. Had the valuation been performed as of December 31, 2020 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, 2020 and the changes in accumulated plan benefits for the year then ended:

Vested benefits:	
Participants currently receiving payments	\$ 18,815,320
Other participants	39,034,823
Nonvested benefits	1,180,231
Total	<u>\$ 59,030,374</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 47,695,623</u>
Increase (decrease) attributable to:	
Change in assumptions	7,017,999
Other gains/losses and benefits accumulated	2,319,364
Decrease in discount period	3,745,717
Benefits paid	(1,764,145)
Other	15,816
Net decrease	<u>11,334,751</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 59,030,374</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.

Subsequent events: The Plan administrator has evaluated subsequent events through October 10, 2022, the date the financial statements were available to be issued.

Note 3. Information Certified by the Plan's Trustee

The investment information included throughout the Plan's financial statements and supplemental schedules as of and for the years ended December 31, 2021 and 2020 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 \$10,414,705 and \$2,826,770 of net appreciation in fair value of investments and \$2,093,604 and \$2,053,553 of interest and dividends for the years ended December 31, 2021 and 2020, 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 2021 and 2020.

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, 2021 and 2020.

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, 2021 and 2020 segregated by the level of the valuation inputs within the fair value hierarchy utilized to measure fair value.

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 55,930,067	\$ -	\$ -	\$ 55,930,067
Cash equivalents	2,171,042	-	-	2,171,042
Mutual funds	4,665,372	-	-	4,665,372
Real Estate	1,844,708	-	-	1,844,708
Municipal bonds	-	255,468	-	255,468
Corporate bonds	-	11,459,636	-	11,459,636
U.S. Government securities	-	8,716,684	-	8,716,684
Mortgage-backed securities	-	150,098	-	150,098
Total investments, at fair value	\$ 64,611,189	\$ 20,581,886	\$ -	\$ 85,193,075

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 50,320,870	\$ -	\$ -	\$ 50,320,870
Cash equivalents	2,313,942	-	-	2,313,942
Mutual funds	945,229	-	-	945,229
Real Estate	756,296	-	-	756,296
Municipal bonds	-	369,225	-	369,225
Corporate bonds	-	7,025,563	-	7,025,563
U.S. Government securities	-	9,335,629	-	9,335,629
Mortgage-backed securities	-	153,468	-	153,468
Total investments, at fair value	\$ 54,336,337	\$ 16,883,885	\$ -	\$ 71,220,222

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 2018.

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 \$646,018 and \$540,941 during 2021 and 2020, respectively.

Note 10. Coronavirus Pandemic

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. On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted to, amongst other provisions, provide emergency assistance for individuals, families, and businesses affected by the coronavirus pandemic. The CARES Act contains specific provisions impacting participant distributions.

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, 2021

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	1	2	-	-	-	-	-	-	-	3
25 to 29	-	3	36	-	-	-	-	-	-	-	39
30 to 34	-	-	49	7	-	-	-	-	-	-	56
35 to 39	-	-	39	9	4	-	-	-	-	-	52
40 to 44	-	1	20	6	4	5	-	-	-	-	36
45 to 49	-	1	29	7	6	14	15	2	-	-	74
50 to 54	-	-	25	15	9	26	25	38	8	-	146
55 to 59	-	2	19	19	2	14	18	46	19	-	139
60 to 64	-	1	8	12	5	10	8	11	13	-	68
65 to 69	-	-	-	3	1	1	1	-	1	-	7
70 & Over	-	-	-	-	-	-	-	-	-	-	-
Total	-	9	227	78	31	70	67	97	41	-	620

SUMMARY OF ASSUMPTIONS

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

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	2.22%	4.75%
Segment 2:	3.38%	5.36%
Segment 3:	3.92%	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 American Rescue Plan Act of 2021 ('ARRPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.71%. For the prior Plan Year, the EIR was 5.55%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same 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:

	Alternative
Segment 1:	2.22%
Segment 2:	3.38%
Segment 3:	3.92%

Alternative Premium Funding Target rates are based on non-stabilized funding discount rates for the current valuation.

The interest rate and mortality assumptions used to value the Target Liability for determining PBGC premiums are prescribed by law. Alternative Funding Target interest rates are based on elections made by the Plan Sponsor.

ASC 960 Discount Rate

The discount rate used last year and this year was 8.00%.

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

Funding Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2020	7.50%	5.94%	5.94%
2019	7.50%	6.11%	6.11%

The Expected Return on Assets assumption for the calculation of Actuarial Value of Assets is based on input by the Plan's investment advisors and reflects their view of the long-term rate of return on assets, based on current and target asset allocations at each valuation date.

Funding Administrative Expenses

Administrative Expenses are not assumed to be paid from the trust.

Salary Scale

2.00% per year, compounded annually.

An experience analysis with respect to salary scale was not performed. As a result, the current assumption has been selected based on observations of recent compensation, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Inflation

None.

Funding Mortality

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

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Accounting Mortality

For healthy participants, the RP-2014 Blue Collar Mortality Tables (2006 base rates) projected generationally using Scale MP-2020.

Because the employer does not have enough data to do a fully credible experience analysis with respect to mortality, the base table and improvement scale have been selected based on the most recent study of the Society of Actuaries.

Withdrawal Rates

T-4 of the Actuary's Pension Handbook. Sample rates varying by age are as follows:

Age	Rate
25	5.29%
30	5.07%
35	4.70%
40	4.19%
45	3.54%
50	2.48%
55	0.94%
60	0.09%
63 and over	0.00%

An experience analysis with respect to termination was not performed. As a result, the current assumption has been selected based on observations of recent terminations, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

Participants are assumed to become disabled in accordance with the following, with annual rates varying by age:

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

An experience analysis with respect to disability was not performed. As a result, the current assumption has been selected based on observations of recent disablements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Retirement Rates

Participants are assumed to retire in accordance with the following, with annual rates varying by age:

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

An experience analysis with respect to retirement was not performed. As a result, the current assumption has been selected based on observations of recent retirements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Spousal Assumptions

100% of males and 100% of females are assumed to be married.

Females are assumed to be 3 years younger than males.

An experience analysis with respect to spousal information was not performed. As a result, the current assumption has been selected based on observations of recent spousal information, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Form of Payment

All benefits are assumed to be paid in the Normal Form defined under the terms of the Plan.

An experience analysis with respect to form of payment was not performed. As a result, the current assumption has been selected based on observations of recent form of payment elections, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Changes in non-required funding assumptions since the prior valuation

None.

Changes in ASC 960 assumptions since the prior valuation

The mortality table for financial reporting under ASC 960 was changed to the RP-2014 table with improvement scale MP-2020, from improvement scale MP-2019

SUMMARY OF METHODS

Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

ASC 960 Cost Method

The Present Value of Total Accumulated Benefits represents the present value of the benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions and discounting the payments back to the valuation date using the interest rate.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

Funding Actuarial Value of Assets Method

For funding purposes, Actuarial Value of Assets is a smoothed market value assets adjusted by the applicable percentage of gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value, and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted at the expected interest rate to the valuation date. The expected interest rate for each year is the lesser of the expected rate of return and the third segment rate. The applicable percentage is 66-2/3% for the year preceding the valuation date, and 33-1/3% for the second year preceding the valuation date. The Actuarial Value of Assets will be adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation None.

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification No. 34-1441988

Plan No. 002

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

Year Ended December 31, 2021

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Category (iii) - Series of transactions in excess of 5 percent of beginning Plan net assets						
Bank of America, N.A.	BLF Fedfund Cash Reserve	\$ 13,987,828	\$ -	\$ 13,987,828	\$ 13,987,828	\$ -
Bank of America, N.A.	BLF Fedfund Cash Reserve	-	14,121,728	14,121,728	14,121,728	-
Bank of America, N.A.	iShares Edge MSCI	7,046,107	-	7,046,107	7,046,107	-
Bank of America, N.A.	iShares Edge MSCI	-	4,553,290	4,235,277	4,235,277	318,013

There were no reportable category (i), (ii) or (iv) transactions for the year ended December 31, 2021.

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

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

SCHEDULE SB (Form 5500) <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> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning	01/01/2021	and ending	12/31/2021
► 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>2021</u>		
2	Assets:		
	a Market value	2a	74,981,477
	b Actuarial value	2b	71,809,845
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	202	22,051,369
	b For terminated vested participants.....	168	6,374,856
	c For active participants	620	41,699,893
	d Total.....	990	70,126,118
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	5.71%
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	2,211,382
	b Expected plan-related expenses	6b	0
	c Total (line 6a + line 6b)	6c	2,211,382

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 <div style="text-align: right; margin-top: -20px;">Signature of actuary</div>	10/12/2022 Date
	JEFFREY A. SCHAPEL, EA, MAAA <div style="text-align: right; margin-top: -20px;">Type or print name of actuary</div>	2007786 Most recent enrollment number
	CBIZ RETIREMENT & INVESTMENT SOLUTIONS <div style="text-align: right; margin-top: -20px;">Firm name</div>	216-447-9000 Telephone number (including area code)
	P.O. Box 31420 INDEPENDENCE OH 44131 <div style="text-align: right; margin-top: -20px;">Address of the firm</div>	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	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 6c).....	31a	2,211,382	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5,943,691	554,199	
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	2,765,581	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,765,581	2,765,581
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	3,742,426	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,742,426	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	3,742,426	
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 SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: KTH Parts Industries, Inc. Associate Retirement Plan
EIN/PN: 34-1441988/002
Valuation Date: January 1, 2021

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table, as shown in the following exhibit:

Age x (a)	Probability of retiring at age x (b)	Probability of active participant attaining age x (c)	Probability of active participant attaining age x and retiring at age x (b) x (c)	Weighted retirement age (a) (b) x (c)	
				(a)	(b) x (c)
58	5%	100%	5%	2.90	
59	3%	95%	2.85%	1.68	
60	5%	92.15%	4.61%	2.76	
61	10%	87.54%	8.75%	5.34	
62	20%	78.79%	15.76%	9.77	
63	10%	63.03%	6.30%	3.97	
64	20%	56.73%	11.35%	7.26	
65	100%	45.38%	45.38%	29.50	
			100%	63.18	
Weighted Average Retirement Age:				63	

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, 2021

Total Contributed: \$4,000,000 **Total Discounted to Valuation Date:** \$3,742,426

								Present
		Plan Year	Effective	Amount	Penalty	Additional	Value on	
Date	Amount	Beginning	Interest	Discounted	Interest	Amount	Valuation	
			Rate		Rate	Discounted	Date	
10/15/2021	1,000,000	1/1/2021	5.71%	42,723			957,277	
3/11/2022	1,000,000	1/1/2021	5.71%	63,894			936,106	
4/18/2022	1,000,000	1/1/2021	5.71%	69,290			930,710	
7/15/2022	1,000,000	1/1/2021	5.71%	81,667			918,333	

SUMMARY OF PRINCIPAL PLAN PROVISIONS

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 vested participant regardless of age. Benefit is payable after the later of (1) the participant's death, or (2) the date the participant would have reached the earliest permissible retirement age.
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.

KTH Parts Industries, Inc. Associate Retirement Plan

Employer Identification No. 34-1441988

Plan No. 002

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Common stocks:				
	3M Co.	10,975 shares	\$ 1,957,560	\$ 1,949,489
	Abbott Laboratories	12,270 shares	407,871	1,726,880
	AMN Electric Power Co.	17,625 shares	1,499,980	1,568,096
	Automatic Data Processing Inc.	10,375 shares	566,715	2,558,267
	Bank of Nova Scotia	22,700 shares	1,499,518	1,627,363
	Bristol Myers Squibb Co.	17,485 shares	1,099,948	1,090,190
	Caterpillar Inc.	2,160 shares	501,342	446,558
	Chevron Corp.	17,925 shares	1,826,665	2,103,499
	Cisco Sys Inc	29,100 shares	1,209,432	1,844,067
	Consolidated Edison Inc.	19,650 shares	1,554,507	1,676,538
	Exxon Mobil Corp.	25,970 shares	2,060,413	1,589,104
	General Mills	24,605 shares	1,500,528	1,657,885
	Gilead Sciences Inc.	24,850 shares	1,703,405	1,804,359
	Honda Motor Ltd.	8,100 shares	189,270	230,445
	International Business Machines Corp.	11,880 shares	1,677,923	1,587,881
	Johnson & Johnson	10,620 shares	962,180	1,816,763
	JP Morgan Chase & Co	15,400 shares	1,501,089	2,438,590
	Kellogg Co.	26,505 shares	1,511,175	1,707,452
	Kimberly Clark	11,685 shares	1,600,126	1,670,020
	Kyndryl Holdings	2,376 shares	83,572	43,006
	Lockheed Martin Corp	4,395 shares	1,598,605	1,562,027
	Microsoft Corp.	15,580 shares	447,952	5,239,866
	Merck & Co Inc	18,930 shares	1,429,736	1,450,795
	Novartis ADR	16,840 shares	1,499,922	1,472,995
	Pfizer Inc.	51,230 shares	1,621,962	3,025,131
	Pinnacle West Cap Corp	9,550 shares	712,591	674,135
	Public Svc Enterprise Group	33,215 shares	1,499,891	2,216,437
	Sanofi ADR	28,800 shares	1,501,042	1,442,880
	Smucker J M Co.	12,390 shares	1,495,491	1,682,810
	Total Energies	26,435 shares	1,500,886	1,307,475
	Toronto Dominion BK Ontario	23,570 shares	1,210,106	1,807,348
	Unilever PLC	27,475 shares	1,500,135	1,477,880
	Verizon Communications Inc.	27,595 shares	1,446,312	1,433,836
			<u>\$ 42,377,850</u>	<u>\$ 55,930,067</u>
Cash equivalents:				
	BLF Federal Fund Cash Reserve	2,171,042 shares	\$ 2,171,042	\$ 2,171,042
Mutual funds:				
	Cohen & Steers Select Infrastructure Fund Inc.	17,765 shares	\$ 502,982	\$ 506,303
	iShares Edge MSCI Min. Vol. USA ETF	51,410 shares	3,657,490	4,159,069
			<u>\$ 4,160,472</u>	<u>\$ 4,665,372</u>

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan
Employer Identification No. 34-1441988
Plan No. 002
Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2021

(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	\$ 255,468
Corporate bonds:				
	Abbott Laboratories, 3.40%, due 11/30/23	200,000 par	\$ 213,208	\$ 209,404
	Abbvie Inc., 2.90%, due 11/6/22	250,000 par	258,925	254,610
	Abbvie Inc., 3.75%, due 11/14/23	100,000 par	107,339	104,706
	Abbvie Inc., 2.30%, due 11/21/22	175,000 par	178,857	177,459
	American Electric Power, 2.95%, due 12/15/22	150,000 par	154,952	152,385
	American Electric Power, 3.20%, due 11/13/27	150,000 par	162,431	158,436
	American Intl Group Inc., 3.75%, due 7/10/25	100,000 par	96,020	107,046
	American Intl Group Inc., 4.20%, due 4/1/28	100,000 par	117,711	111,636
	Amgen Inc., 3.20%, due 11/2/27	150,000 par	168,426	161,754
	Amgen Inc., 2.45%, due 2/21/30	200,000 par	203,460	203,752
	Apple Inc., 2.50%, due 2/9/25	50,000 par	49,361	52,052
	Astrazeneca PLC, 3.375%, due 11/16/25	100,000 par	102,340	107,365
	Astrazeneca PLC, 3.50%, due 8/17/23	100,000 par	106,290	104,369
	Astrazeneca PLC, 4%, due 1/27/29	150,000 par	176,946	169,539
	Boeing Co., 2.25%, due 6/15/26	200,000 par	196,166	200,382
	Bristol Myers Squibb Co., 3.25%, due 11/1/23	200,000 par	206,085	208,728
	Bristol Myers Squibb Co., 3.25%, due 8/15/22	100,000 par	103,698	101,725
	Cigna Corp, 3.30%, due 7/15/23	100,000 par	104,775	102,872
	Cigna Corp, 2.40%, due 3/15/30	100,000 par	100,412	100,911
	Cisco Systems Inc., 2.95%, due 2/28/26	100,000 par	108,819	106,325
	Consolidated Edison Co NY Inc., 3.125%, due 11/15/27	150,000 par	169,100	157,887
	Consolidated Edison Co NY Inc., 3.35%, due 4/1/30	200,000 par	217,314	215,290
	Dowdpoint Inc., 4.493%, due 11/15/25	100,000 par	98,490	110,545
	Enterprise Prods. Oper. LLC., 3.125%, due 7/31/29	200,000 par	199,890	212,572
	Enbridge Inc Unsecd, 2.9%, due 7/15/22	200,000 par	208,444	201,974
	General Motors Finl. Co. Inc., 4.35%, due 1/17/27	200,000 par	204,704	220,446
	Glaxosmithkline Cap. PLC, 2.85%, due 5/8/22	100,000 par	97,804	100,851
	Glaxosmithkline Cap. PLC, 3.375%, due 6/1/29	100,000 par	105,249	109,140
	Goldman Sachs Group Inc., 2.60%, due 2/7/30	200,000 par	203,993	203,548
	Goldman Sachs Group Inc., 4%, due 3/3/24	100,000 par	99,255	106,036
	HSBC Holding PLC, 3.90%, due 5/25/26	200,000 par	220,644	215,808
	Hewlett-Packard Co., 4.05%, due 9/15/22	250,000 par	254,008	255,290
	Home Depot Inc., 2.95%, due 6/15/29	200,000 par	204,736	213,256
	Humana Inc., 2.90%, due 12/15/22	100,000 par	103,553	101,971
	Humana Inc., 3.125%, due 8/15/29	200,000 par	212,248	209,734
	IBM Corp, 3.45%, due 2/19/26	50,000 par	50,583	53,599
	IBM Corp, 3.30%, due 5/15/26	100,000 par	110,205	106,964
	John Deere Capital Corp, 2.80%, due 1/27/23	100,000 par	103,914	102,228
	Johnson & Johnson, 2.625%, due 1/15/25	150,000 par	160,751	156,657
	JPMorgan Chase & Co., 3.20%, due 1/25/23	150,000 par	149,993	154,078
	JPMorgan Chase & Co., 4.125%, due 12/15/26	200,000 par	202,938	220,718
	JPMorgan Chase & Co., VAR%, due 1/23/29	100,000 par	112,949	107,205
	Kroger Co., 3.70%, due 8/1/27	350,000 par	352,011	382,245
	McDonald's Corp., 3.60%, due 7/1/30	100,000 par	110,419	110,615
	Merck & Co. Inc., 3.40%, due 3/7/29	50,000 par	53,335	54,441
	Metlife Inc., 3.60%, due 4/10/24	100,000 par	100,405	105,564
	Morgan Stanley, VAR%, due 1/24/29	100,000 par	114,831	108,899
	Northrop Grumman Corp, 3.25%, due 8/1/23	100,000 par	106,044	103,448
	Occidental Petroleum Corp., 2.70%, due 2/15/23	300,000 par	301,737	303,750
	Oracle Corp, 2.95%, due 11/15/24	100,000 par	107,886	104,023
	Paypal Holdings Inc., 2.40%, due 10/1/24	150,000 par	158,387	155,277
	PNC Financial Services, STEP%, due 11/9/22	100,000 par	103,779	101,880

(Continued)

KTH Parts Industries, Inc. Associate Retirement Plan
Employer Identification No. 34-1441988
Plan No. 002
Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Corporate bonds (continued):				
	PPG Industries, Inc., 2.40%, due 8/15/24	100,000 par	\$ 105,312	\$ 103,110
	PPG Industries, Inc., 2.80%, due 8/15/29	150,000 par	160,227	156,317
	Pfizer Inc., 3.45%, due 3/15/29	250,000 par	264,550	275,352
	Philip Morris Intl. Inc., 2.625%, due 3/6/23	300,000 par	301,350	306,879
	Philip Morris Intl. Inc., 3.25%, due 11/10/24	200,000 par	215,344	211,618
	Proctor & Gamble Co., 2.45%, due 11/3/26	100,000 par	106,802	104,772
	Raytheon Tech Corp., 3.70%, due 12/15/23	100,000 par	107,020	104,797
	Royal Bank of Canada, 1.15%, due 6/10/25	200,000 par	200,784	198,360
	Smucker J M Co., 3.50%, due 3/15/25	100,000 par	102,961	106,604
	Southern Cal Edison, 0.70%, due 8/1/23	225,000 par	225,488	223,627
	Southern Co., 2.95%, due 7/1/23	100,000 par	99,779	102,418
	Toronto-Dominion Bank, 0.75%, due 9/11/25	175,000 par	172,996	170,397
	UnitedHealth Group Inc., 2.375%, due 10/15/22	100,000 par	98,305	101,419
	UnitedHealth Group Inc., 3.85%, due 6/15/28	100,000 par	117,083	111,540
	USD Bank Nova Scotia, 1.30%, due 6/11/25	200,000 par	201,710	198,928
	Verizon Communications, 2.625%, due 8/15/26	100,000 par	106,555	104,166
	Verizon Communications, 2.10%, due 3/22/28	200,000 par	204,562	200,542
	Vodafone Group PLC, 2.95%, due 2/19/23	300,000 par	296,586	306,420
	Walt Disney Company, 2.45%, due 3/4/22	100,000 par	99,907	100,352
	Wells Fargo & Co., 3%, due 10/23/26	200,000 par	214,500	210,242
	Wells Fargo & Co., Var%, due 8/30/23	100,000 par	100,000	100,381
			<u>\$ 11,417,641</u>	<u>\$ 11,459,636</u>
Real estate:				
	Public Storage Inc	4,925 par	\$ 1,209,167	\$ 1,844,708
U.S. Government securities:				
	U.S. Treasury, 2.75% note, due 2/15/24	450,000 par	\$ 464,353	\$ 468,756
	U.S. Treasury, 2.375% note, due 8/15/24	250,000 par	252,578	259,640
	U.S. Treasury, 2.25% note, due 11/15/24	425,000 par	413,435	440,721
	U.S. Treasury, 2.00% note, due 2/15/25	850,000 par	851,727	875,763
	U.S. Treasury, 2.25% note, due 11/15/25	700,000 par	690,397	729,393
	U.S. Treasury, 2.00% note, due 11/30/22	100,000 par	95,996	101,449
	U.S. Treasury, 2.125% note, due 12/31/22	450,000 par	463,482	457,470
	U.S. Treasury, 1.625% note, due 2/15/26	300,000 par	293,625	305,298
	U.S. Treasury, 1.625% note, due 5/15/26	400,000 par	368,500	406,924
	U.S. Treasury, 2.00% note, due 2/15/22	150,000 par	150,246	150,340
	U.S. Treasury, 2.00% note, due 11/15/26	350,000 par	339,115	362,278
	U.S. Treasury, 2.125% note, due 11/30/23	50,000 par	49,270	51,348
	U.S. Treasury, 2.25% note, due 12/31/23	100,000 par	96,039	103,012
	U.S. Treasury, 2.25% note, due 2/15/27	650,000 par	653,835	681,356
	U.S. Treasury, 2.75% note, due 11/15/23	100,000 par	99,484	103,789
	U.S. Treasury, 2.50% note, due 5/15/24	350,000 par	349,398	363,657
	U.S. Treasury, 1.50% note, due 8/15/26	400,000 par	363,437	404,764
	U.S. Treasury, 2.25% note, due 10/31/24	500,000 par	496,865	518,400
	U.S. Treasury, 2.25% note, due 11/15/27	500,000 par	488,340	525,350
	U.S. Treasury, 2.75% note, due 2/15/28	300,000 par	304,406	324,492
	U.S. Treasury Prin Strip, 0%, due 11/15/28	1,200,000 par	909,492	1,082,484
			<u>\$ 8,194,020</u>	<u>\$ 8,716,684</u>
Mortgage-backed securities:				
	Federal Home Loan Mortgage Corp., 2.375% note, due 1/13/22	150,000 par	\$ 149,190	\$ 150,098

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

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

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

EIN/PN: 34-1441988/002

Valuation Date: January 1, 2021

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
1/1/2021	15.00 (Relief 15)	Relief 15	5,943,691	554,199