

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ 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 REPLACEMENT PARTS, INC. PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1943
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) REPLACEMENT PARTS, INC. P.O. BOX 3643 LITTLE ROCK, AR 72203
2b	Employer Identification Number (EIN) 71-0681030
2c	Plan Sponsor's telephone number 501-375-1215
2d	Business code (see instructions) 423100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/06/2024	GINGER GUINEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/06/2024	GINGER GUINEE
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor PENSION COMMITTEE OF REPLACEMENT PARTS, INC. P.O. BOX 3643 LITTLE ROCK, AR 72203		3b Administrator's EIN 71-0681030	
		3c Administrator's telephone number 501-375-1215	
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	625
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	0
		6a(2)	0
		6b	0
		6c	0
		6d	0
		6e	0
		6f	0
		6g(1)	
		6g(2)	
		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 1H 1I 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 (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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>REPLACEMENT PARTS, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>REPLACEMENT PARTS, INC.</u>	D Employer Identification Number (EIN) <u>71-0681030</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>2020</u>	
2 Assets:	
a Market value	2a <u>52575376</u>
b Actuarial value	2b <u>48223019</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>292</u> (2) Vested Funding Target <u>24592024</u> (3) Total Funding Target <u>24592024</u>
b For terminated vested participants	<u>95</u> <u>2255267</u> <u>2255267</u>
c For active participants	<u>238</u> <u>12592557</u> <u>12967870</u>
d Total	<u>625</u> <u>39439848</u> <u>39815161</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>5.28</u> %
6 Target normal cost	
a Present value of current plan year accruals	6a <u>130000</u>
b Expected plan-related expenses	6b
c Target normal cost	6c

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>07/28/2021</u> Date
Signature of actuary	<u>20-07482</u> Most recent enrollment number
<u>KRISTY STEWART</u> Type or print name of actuary	<u>901-684-3682</u> Telephone number (including area code)
<u>MERCER</u> Firm name	
<u>6410 POPLAR AVENUE STE 540</u> <u>MEMPHIS, TN 38119</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) 2023
v. 230707

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)		6921934
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		628472
9 Amount remaining (line 7 minus line 8)		6293462
10 Interest on line 9 using prior year's actual return of <u>25.22</u> %		1587211
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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>5.42</u> %		16
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		4
c Total available at beginning of current plan year to add to prefunding balance		20
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7880673

Part III Funding Percentages

14 Funding target attainment percentage	14	101.32 %
15 Adjusted funding target attainment percentage	15	121.11 %
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	93.60 %
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
Totals ►			18(b)		18(c)

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %
	☐ N/A, full yield curve used		
b Applicable month (enter code).....			21b
22 Weighted average retirement age			22 65
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 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30 0

Part VIII	Minimum Required Contribution For Current Year
------------------	---

31 Target normal cost and excess assets (see instructions):									
a Target normal cost (line 6c).....	31a	130000							
b Excess assets, if applicable, but not greater than line 31a	31b	130000							
32 Amortization installments:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Outstanding Balance</th> <th style="width: 40%;">Installment</th> </tr> <tr> <td>a Net shortfall amortization installment</td> <td></td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> </tr> </table>			Outstanding Balance	Installment	a Net shortfall amortization installment		b Waiver amortization installment	
Outstanding Balance	Installment								
a Net shortfall amortization installment									
b Waiver amortization installment									
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33								
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34								
	Carryover balance	Prefunding balance	Total balance						
35 Balances elected for use to offset funding requirement									
36 Additional cash requirement (line 34 minus line 35).....	36								
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37								
38 Present value of excess contributions for current year (see instructions)									
a Total (excess, if any, of line 37 over line 36)	38a								
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0							
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 the American Rescue Plan Act of 2021 (See Instructions)
----------------	---

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan REPLACEMENT PARTS, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 REPLACEMENT PARTS, INC.	D Employer Identification Number (EIN) 71-0681030

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

No

Yes

☒
- b

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

(b)

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

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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

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

MERCER

6410 POPLUR AVE STE 540
MEMPHIS, TN 38119

13-2034414

(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?
11	ACTUARY	678415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUTHER KING CAPITAL MANAGEMENT

71-1630300

(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?
28	INVESTMENT MANAGER	131619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REGIONS MORGAN KEEGAN

71-0704154

(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	87389	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)

FRIDAY ELDREDGE & CLARK LLP

400 W CAPITOL AVE 200
LITTLE ROCK, AR 72201

(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?
29	PLAN ATTORNEY	82732	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan REPLACEMENT PARTS, INC. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 REPLACEMENT PARTS, INC.	D Employer Identification Number (EIN) 71-0681030	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	60402	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	115000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	158437	786868
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	604906	790001
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	14991733	
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	34150929	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2493985	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	52575392	1576869
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		1576869
k Total liabilities (add all amounts in lines 1g through 1j)	1k		1576869
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	52575392	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	785920	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		785920
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	758389	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		758389
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	146414	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		146414
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2976545	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-131619
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4535649

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17785553	
(2) To insurance carriers for the provision of benefits.....	2e(2)	33877797	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		51663350
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	931265	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	216442	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1147707
j Total expenses. Add all expense amounts in column (b) and enter total	2j		52811057

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-48275408
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		4299984

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: **H CJ CPAS & ADVISORS PLLC**

(2) EIN: **71-0650689**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒		
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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)
REPLACEMENT PARTS INC 401K PLAN	71-0681030	003

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 4323008.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan REPLACEMENT PARTS, INC. PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 REPLACEMENT PARTS, INC.				D Employer Identification Number (EIN) 71-0681030	
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	
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): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

**REPLACEMENT PARTS, INC.
PENSION PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2020 (LIQUIDATION BASIS)
AND 2019 (ONGOING)**

with

**REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS**



CONTENTS

	<u>PAGE</u>
Report of Independent Certified Public Accountants	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2020 (In Liquidation) and December 31, 2019 (Ongoing)	3
Statements of Changes in Net Assets Available for Benefits for the Years Ending December 31, 2020 (In Liquidation) and December 31, 2019 (Ongoing)	4
Statement of Accumulated Plan Benefits	5
Statement of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements	7 - 14
Supplemental Schedules:	
Schedule H, Line 4i - Schedules of Assets (Held at End of Year)	15 - 18
Schedule H, Line 4j - Schedule of Reportable Transactions	19

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Administrative Committee
Replacement Parts, Inc. Pension Plan
Little Rock, Arkansas

Report on the Financial Statements

We have audited the accompanying financial statements of Replacement Parts, Inc. Pension Plan, which comprise the statement of net assets available for benefits as of December 31, 2020 (in liquidation), and the related statement of changes in net assets available for benefits for the year then ended (in liquidation), and the statement of net assets available for benefits and of accumulated plan benefits as of December 31, 2019 (ongoing), the related statement of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2019 (ongoing), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Region's Bank Trust Department, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As described in Note 3 to the financial statements, the governing body of Replacement Parts, Inc. Pension Plan approved a plan of liquidation effective June 1, 2020 and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2019 financial statements to the liquidation basis used in presenting the 2020 financial statements. Our opinion is not modified with respect to that matter.

Other Matter

The supplemental schedules of assets held at year end as of December 31, 2020 and 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

HCT CPAs & Advisors, PLLC

Little Rock, Arkansas
September 24, 2021

FINANCIAL STATEMENTS

REPLACEMENT PARTS, INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 (IN LIQUIDATION) AND DECEMBER 31, 2019 (ONGOING)

	<u>Assets</u>	(In Liquidation) 2020	(Ongoing) 2019
Cash		\$ -	\$ 60,402
Investments, at Fair Value:			
Money Market Funds		790,001	604,906
Corporate Obligations and Debentures		-	14,991,733
Domestic Common Stocks		-	32,674,962
Foreign Stocks		-	1,475,967
Mutual Funds		-	2,493,985
Total Investments, at Fair Value		<u>790,001</u>	<u>52,241,553</u>
Receivables:			
Other Receivables		786,736	-
Accrued Interest and Dividends		132	158,437
Employer Contributions		-	115,000
Total Receivables		<u>786,868</u>	<u>273,437</u>
Total Assets		1,576,869	52,575,392
	<u>Liabilities</u>		
Other Accrued Liquidation Expenses		<u>1,576,869</u>	<u>-</u>
Net Assets Available for Benefits		<u>\$ -</u>	<u>\$ 52,575,392</u>

See accompanying notes.

REPLACEMENT PARTS, INC. PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2020 (IN LIQUIDATION) AND 2019 (ONGOING)

	(In Liquidation) 2020	(Ongoing) 2019
Investment Income:		
Net Change in Fair Value of Investments	\$ 2,976,545	\$ 9,867,160
Interest and Dividends	904,803	1,125,857
Investment Expense	(131,619)	(185,541)
Net Investment Income	3,749,729	10,807,476
Contributions:		
Employer	-	115,000
Other	785,920	-
Total Contributions	785,920	115,000
Deductions:		
Benefit Payments to Participants	17,785,553	2,708,454
Annuities Purchased by Insurance Company	33,877,797	-
Administrative Expenses	1,147,707	320,108
Total Deductions	52,811,057	3,028,562
Change in Net Assets Available for Benefits	(48,275,408)	7,893,914
Transfer of Assets to Another Qualified Plan	(4,299,984)	-
Net Assets Available for Benefits:		
Beginning of Year	52,575,392	44,681,478
End of Year	\$ -	\$ 52,575,392

See accompanying notes.

REPLACEMENT PARTS, INC. PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2019 (ONGOING)

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:	
Participants Currently Receiving Payments	\$ 13,998,677
Other Participants	<u>22,471,392</u>
	36,470,069
Nonvested Benefits	<u>352,189</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 36,822,258</u>

See accompanying notes.

REPLACEMENT PARTS, INC. PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2019 (ONGOING)

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 39,485,947
Increase (Decrease) During the Year Attributable to:	
Benefits Accumulated and (Gains) Losses	(1,826,941)
Increase for Interest Due to Decrease in Discount Period	2,242,118
Benefits Paid	(2,739,588)
Change in Actuarial Assumptions	(339,278)
Net Decrease	<u>(2,663,689)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year (ONGOING)	<u><u>\$ 36,822,258</u></u>

See accompanying notes.

REPLACEMENT PARTS, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

Note 1: Description of the Plan

The following brief description of the Replacement Parts, Inc. Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreements for a more complete description of the Plan’s provisions.

General

The Plan is a non-contributory defined benefit plan that covers employees hired before December 31, 2005, of Replacement Parts, Inc. (the “Employer”) who have attained age twenty-one and completed one year of credited service. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan is administered by the Employer’s Pension Plan Administrative Committee (“Committee”), which is a committee of the board of directors of the Employer. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Plan’s Board of Directors.

Plan Amendments

On April 17, 2020, the Plan was amended effective June 1, 2020 to terminate the Plan. This amendment outlines the plan changes as a result of Plan termination and includes certain provisions for the lump sum distributions to be made out of the Plan starting November 1, 2020. The amendment also details the types of payment that participants can elect under the Plan Termination Window such as an immediate distribution of the single sum actuarial value, the actuarial equivalent of his or her vested benefit or any other optional form of benefit payment in accordance with the Plan.

On July 17, 2020, the Plan was amended effective November 1, 2020 to allow a single sum death benefit of \$5,000 to the spouse or other beneficiary of a deceased participant who elects and commences receiving a single life only annuity.

Administration

Region’s Trust Department is the trustee for the Plan. All contributions to the Plan are paid to the trustee in accordance with the terms of the Plan. The Plan is administered by a pension committee appointed by the Board of Directors of Replacement Parts, Inc.

Benefits

Upon completion of five years of vesting service, a participant is eligible for a deferred vested termination benefit equal to their accrued benefit.

Benefits under the Plan are based on employees’ career average annual earnings. Normal retirement age for Plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 60, provided that they have at least fifteen years of service with the Employer. Accrued benefits are payable as an annuity over the participant’s lifetime, as a qualified joint and survivor annuity benefit, or in the form of a lump sum benefit payment not to exceed \$15,000, with the exception of any participant or beneficiary that has an actuarial value of their vested benefit not exceeding \$50,000 pursuant to the Plan amendment effective October 1, 2017.

REPLACEMENT PARTS, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

The spouse of a participant shall receive a monthly benefit based on the participant's vested benefit determined as of the date of the participant's death. Payment will be equal to the benefit that would have been payable to the spouse upon the participant's death subsequent to retirement had the participant survived and retired on the first day of the month coinciding with the later of (a) the date of death, or (b) the date the participant would have satisfied the requirements for normal or early retirement and having elected to have his retirement benefit payable as a qualified joint survivor annuity. In no event shall the benefit have an actuarial value which is less than the lesser value of the actuarial value of the participant's vested accrued benefit or \$5,000 if the participant had no surviving spouse. Monthly benefits will commence on the first day of the month following the date the participant would have been eligible to commence benefits under the Plan assuming the participant had survived such date and will be continued to the spouse on the first day of each month thereafter during the lifetime of the spouse.

On November 12, 2008, the Plan was amended such that future benefit accruals for all eligible employees ceased as of December 31, 2008. As a result of this amendment, benefit accruals will not be made under the plan after December 31, 2008. The cessation of benefit accruals will not affect the crediting of vesting years of service toward eligibility for early retirement.

Participant Accounts

Under the Plan's provisions, participants' hypothetical accounts receive investment credits at the end of every quarter. The amount of the investment credit is tied to the actual return on the fair value of assets and was 24.43% as of December 31, 2019. As a result of Plan termination, there were no remaining plan assets or liabilities and actual return on the fair value of assets as of December 31, 2020.

Funding Policy

The Employer has agreed to voluntarily contribute such additional amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members and to meet or exceed the annual ERISA minimum funding requirement. The Employer's present intention is to make contributions in amounts sufficient to annually fund the Plan's current service cost. During 2020, the Employer made no contributions to the Plan and in 2019, the Employer made contributions of \$115,000. The Plan has exceeded the minimum funding requirements established by the federal government.

The Employer has the right under the plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Effective June 1, 2020, the Plan was amended to terminate the Plan (see Note 3).

Priorities Upon Termination of the Plan

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

- a. Benefits attributable to employee contributions, if any, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

REPLACEMENT PARTS, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations discussed below.
- d. Vested benefits not insured by the PBGC.
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits upon Plan termination will depend on the sufficiency of the Plan's net assets to provide for accumulated benefit obligations and also depends on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

As discussed in Note 3, the Board of Directors voted to terminate the Plan effective June 1, 2020. As a result, the accompanying 2020 financial statements are prepared on the liquidation basis of accounting. The accompanying 2019 financial statements are prepared on the accrual basis of accounting. Under the accrual basis of accounting, revenues and expenses, other than benefit payments, together with the related assets and liabilities are recorded in the accounting period to which they apply, regardless of when the cash transactions occurred.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes there in. Actual results could differ from those estimates.

Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Benefits under the Plan are based on employees' average compensation of all complete calendar years beginning January 1, 1996. The accumulated plan benefits for active employees are based on their average compensation of all complete calendar years beginning January 1, 1996. Benefits payable under all circumstances, including retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered up to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded for accumulated plan benefits.

REPLACEMENT PARTS, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

Actuaries from Mercer Human Resource Consulting determine the actuarial present value of accumulated plan benefits, which is the 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 more significant methods and assumptions used by the actuaries in their valuations as of January 1, 2020 and 2019, are as follows:

Life expectancy of participants using the MSS – 2019 scale.

Retirement - At normal retirement age (62-65).

Assumed investment earnings – 5.17% and 5.90% compounded annually through 2020 and 2019, respectively.

Discount rate – 3.33% and 4.40% per year in 2020 and 2019, respectively.

Long-term rate of return on assets – 5.90% and 5.90% per year in 2020 and 2019, respectively.

Compensation increases – Benefit accruals were frozen effective December 31, 2008.

The long-term rate of return on assets reflects an implicit expense load of 0.60% to account for expenses paid from the Plan.

The following changes in methods and assumptions used by the actuaries in their valuations since January 1, 2019, are as follows:

Interest discounts and mortality rates were updated from 2019 to 2020 in accordance with PPA.

The expense component of normal cost decreased from \$280,000 to \$130,000.

The mortality improvement scale was updated from MSS 2018 projection scale to the MSS 2019 projection scale.

The discount rate decreased from 4.40% to 3.33%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. On April 17, 2020, the Plan was amended effective June 1, 2020 to terminate the Plan (see Note 3). The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2020 and 2019. Had the valuations been performed as of December 31, there would have been material differences due to the approved termination of the Plan.

Payment of Benefits

Benefit payments to participants are recorded when paid.

REPLACEMENT PARTS, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

Investment Valuation and Income Recognition

Investments are reported at liquidation value which equals 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisors, custodians, and insurance company. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis when earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in investment expense presented in the accompanying statements of changes in net assets available for benefit. Administrative expenses and investment related expenses totaled \$1,279,326 in 2020 and \$505,649 in 2019.

COVID-19 Pandemic

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic. As of the date of the audit report, the COVID-19 pandemic continues to persist domestically and globally. At the current time, the Plan is unable to predict how COVID-19 will affect future financial performance due to the uncertainties surrounding the severity and duration of the pandemic.

Recently Adopted Accounting Standards

In August of 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 eliminates, amends and adds disclosure requirements to the fair value measurements in Topic 820. ASU 2018-13 is effective for all reporting periods beginning after December 15, 2019. Implementation of ASU 2018-13 had no significant impact on note disclosures related to fair value measurements.

Subsequent Events

The Plan has evaluated all subsequent events for potential recognition and disclosure through September 24, 2021, the date these financial statements were available to be issued.

Note 3: Plan Termination

The Company reserves the right to terminate the Plan at any time, subject to Plan provisions. On March 27, 2020, the Board of Directors approved the termination of the Plan effective June 1, 2020. As a result of the Plan termination, participants become 100% vested in their accounts and final distributions will be made to the participants or the participant's beneficiary as soon as feasibly possible after the date of termination. The Administrative Committee shall direct the Trustee to pay all liabilities and expenses of the trust fund.

REPLACEMENT PARTS, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

The Plan received a favorable determination letter on Plan termination from the Internal Revenue Service as of August 3, 2020. As described in Note 2, in accordance with generally accepted accounting principles, the Plan has changed its basis of accounting to value Plan assets from the going concern basis in 2019 to the liquidation basis in 2020. Upon receipt of the determination letter, the Plan began distributing Plan assets to participants, an insurance company and transferred the remaining surplus assets to the Replacement Parts Inc. 401(k) Retirement Savings Plan. The liquidation of Plan assets was completed July 30, 2021 and liquidation income and costs were included in other receivables and other accrued liquidation expenses in the statement of net assets available for benefits as of December 31, 2020.

Note 4: Fair Value

The framework for measuring fair value 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 are described as follows:

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

Level 2: Inputs to the valuation methodology include, quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The following table presents the Company's hierarchy for its assets measured at fair value on a recurring basis as of December 31, 2020:

	Total	Level 1	Level 2	Level 3
Money Market Funds	\$ 790,001	\$ 790,001	\$ -	\$ -
Investments at Fair Value	\$ 790,001	\$ 790,001	\$ -	\$ -

The following table presents the Company's hierarchy for its assets measured at fair value on a recurring basis as of December 31, 2019:

	Total	Level 1	Level 2	Level 3
Money Market Funds	\$ 604,906	\$ 604,906	\$ -	\$ -
Mutual Funds	2,493,985	2,493,985	-	-
Domestic Common Stocks	32,674,962	32,674,962	-	-
Foreign Stocks	1,475,967	1,475,967	-	-
Corporate Obligations and Debentures	14,991,733	-	14,991,733	-
Investments at Fair Value	\$ 52,241,553	\$ 37,249,820	\$ 14,991,733	\$ -

REPLACEMENT PARTS, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

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

Money Market Fund: Valued at the net asset value of shares held by the Plan at year end.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common and Foreign Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Obligations and Debentures: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities those securities are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The Plan's investments (including realized gains and losses on investments bought, sold, and held during the year as well as unrealized appreciation (depreciation) of the investments held at the end of the year appreciated in value by \$3,749,729 and \$10,807,476 in 2020 and 2019, respectively.

Note 5: Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated August 3, 2020, stated that the Plan is qualified, under the Internal Revenue Code (IRC) and, and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is currently designed and being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2017.

Note 6: Parties in Interest

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

REPLACEMENT PARTS, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

Certain plan investments are shares of mutual funds managed by Luther King Capital Management, the investment manager of the Plan. Fees paid by the Plan for investment management services amounted to \$131,619 and \$185,541 for the years ended December 31, 2020 and 2019, respectively.

The Plan incurs expenses related to general administration and recordkeeping. The Plan paid \$87,390 and \$78,663 in fees to the trustee and \$678,415 and \$76,582 in fees to the Plan actuary for the years ended December 31, 2020 and 2019, respectively. The Plan paid PBGC insurance premiums and unlocated participant's balances of \$299,169 and \$164,863 for the years ended December 31, 2020 and 2019, respectively. The Plan paid Plan termination legal fees and certain accounting and auditing fees of \$82,732 for the year ended December 31, 2020.

The above transactions are exempt from being prohibited transactions under ERISA.

Note 7: Risks and Uncertainties

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of such investments, 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 statements of net assets available for benefits and the statements of changes in net assets available for benefits as of and for the years ending December 31, 2020 (in liquidation) and December 31, 2019 (ongoing).

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 estimation and assumption process, it is at least reasonably possible the changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 8: Information Prepared and Certified by the Trustee

All of the Plan's assets are held by Region's Bank Trust Department. The amounts set forth in the accompanying financial statements for investments and investment income and the information shown in the supplemental schedules were summarized from information furnished by the Trustee. The Plan Administrator has received from the Trustee a certification that information furnished by the Trustee is complete and accurate for the years ended December 31, 2020 and 2019, respectively.

Note 9: Transfer of Assets

Effective December 18, 2020, the Board of Directors approved to move the surplus of assets from the termination of the Plan to the Replacement Parts Inc. 401(k) Retirement Savings Plan (the "401(k) Plan"). The surplus of assets can be allocated as a future profit sharing contribution in the 401(k) Plan to Pension Plan participants. Plan surplus assets of \$4,299,984 were transferred to the 401(k) Plan.

SUPPLEMENTAL SCHEDULES

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**DECEMBER 31, 2020**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money Market Funds:				
	Black Rock Liquidity Funds T-Fund	Federated Treasury Obligations	\$ 790,001	\$ 790,001
Total Investments			<u>\$ 790,001</u>	<u>\$ 790,001</u>

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Money Market Funds:			
	Federated	Federated Treasury Obligations	\$ 604,906	\$ 604,906
	Corporate Obligations and Debentures:			
	Abbot Laboratories	270,000 face, 03/15/2025, 2.950% Bond	281,399	281,051
	AbbVie Inc.	500,000 face, 05/14/2023, 2.850% Bond	502,272	509,981
	Alphabet Inc.	500,000 face, 02/25/2024, 3.375% Bond	503,395	531,875
	Amazon.com Inc.	525,000 face, 12/05/2024, 3.800% Bond	529,153	566,675
	Amgen Inc.	250,000 face, 05/01/2025, 3.125% Bond	256,893	260,840
	Apple Inc.	475,000 face, 05/11/2024, 2.850% Bond	491,825	491,359
	AT&T Inc.	400,000 face, 02/17/2023, 3.600% Bond	412,732	417,519
	Bank of America Corp	400,000 face, 08/01/2025, 3.875% Bond	394,460	429,825
	Bank of New York Mellon Corp	500,000 face, 04/28/2023, 3.500% Bond	500,315	524,575
	Berkshire Hathaway Inc.	500,000 face, 03/15/2021, 2.200% Bond	509,460	501,934
	Chevron Corp	500,000 face, 03/03/2022, 2.411% Bond	501,455	506,603
	Cisco Systems Inc.	500,000 face, 03/04/2021, 2.900% Bond	513,040	506,665
	Ecolab Inc.	425,000 face, 01/14/2023, 3.250% Bond	434,554	438,587
	Exxon Mobil Corp.	500,000 face, 03/15/2024, 3.176% Bond	513,790	523,878
	Home Depot Inc.	450,000 face, 04/01/2021, 2.000% Bond	447,444	451,090
	Illinois Tool Works Inc.	400,000 face, 03/01/2024, 3.500% Bond	403,492	424,255
	Intel Corp.	400,000 face, 12/15/2022, 2.700% Bond	408,472	409,920
	International Business Machines	500,000 face, 11/01/2021, 2.900% Bond	510,190	509,275
	JP Morgan Chase & Co.	500,000 face, 03/01/2021, 2.550% Bond	511,205	503,867
	Medtronic Inc.	450,000 face, 03/15/2022, 3.150% Bond	459,164	462,833
	Merck & Co Inc.	300,000 face, 09/15/2022, 2.400% Bond	298,509	304,678
	Microsoft Corp.	500,000 face, 11/03/2020, 2.000% Bond	501,080	501,060
	Occidental Petroleum Corp.	500,000 face, 06/15/2025, 3.500% Bond	489,835	516,361
	Oracle Corp.	500,000 face, 07/08/2024, 3.400% Bond	495,395	527,843
	Qualcomm Inc.	500,000 face, 05/20/2020, 2.250% Bond	510,645	500,550
	Rockwell Automation Inc.	400,000 face, 03/01/2020, 2.050% Bond	401,772	399,960
	Truist Bank	500,000 face, 01/15/2022, 2.625% Bond	506,785	506,708
	TWDC Enterprises	500,000 face, 02/12/2021, 2.300% Bond	513,885	503,303
	Union Pacific Corp.	400,000 face, 01/15/2023, 2.950% Bond	409,060	410,014
	US Bancorp	500,000 face, 01/29/2021, 2.350% Bond	500,650	502,758
	Walmart Inc.	525,000 face, 06/26/2025, 3.550% Bond	524,585	563,980
	Wells Fargo & Co.	500,000 face, 07/22/2020, 2.600% Bond	505,155	501,911
	Total Corporate Obligations and Debentures		14,742,066	14,991,733

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Domestic Common Stocks:			
	Abbot Labs	6,700 shares	173,484	581,962
	Adobe Sytems Inc.	3,800 shares	107,012	1,253,278
	Air Products & Chemicals Inc.	3,100 shares	171,022	728,469
	Alphabet Inc. Class A	250 shares	66,078	334,848
	Alphabet Inc. Class C	601 shares	149,008	803,549
	Amazon.com Inc.	700 shares	133,608	1,293,488
	Apple Inc.	7,000 shares	87,213	2,055,550
	AT&T Inc.	24,421 shares	395,431	954,373
	Automatic Data Processing Inc.	3,700 shares	99,076	630,850
	Bank of America Corp.	15,000 shares	452,748	528,300
	Black Knight Inc.	8,000 shares	360,620	515,840
	Cabot Oil & Gas Corp.	13,200 shares	94,833	229,812
	Chevron Corp.	3,990 shares	85,280	480,835
	Coca Cola Co.	9,200 shares	229,679	509,220
	Colgate-Palmolive Co.	7,400 shares	58,787	509,416
	Cullen/Frost Bankers Inc.	6,600 shares	103,278	645,348
	Danaher Corp.	5,800 shares	121,226	890,184
	Ecolab Inc.	3,000 shares	314,384	578,970
	Emerson Electric Co.	7,300 shares	390,675	556,698
	EOG Resources Inc.	4,600 shares	220,071	385,296
	Exxon Mobil Corp.	4,220 shares	95,073	294,472
	FMC Corp.	8,200 shares	147,551	818,524
	Fortive Corp.	3,600 shares	46,820	275,004
	Home Depot Inc.	5,350 shares	142,897	1,168,333
	JPMorgan Chase & Co.	5,100 shares	192,843	710,940
	Kimberly-Clark Corp.	4,200 shares	21,590	577,710
	Martin Marietta Materials Inc.	3,000 shares	238,703	838,920
	Merck & Co Inc.	5,000 shares	303,965	454,750
	Microsoft Corp.	7,000 shares	362,859	1,103,900
	Moody's Corp.	2,500 shares	373,217	593,525
	Oracle Corp.	9,700 shares	175,024	513,906
	PepsiCo Inc.	5,800 shares	10,264	792,686
	PerkinElmer Inc.	8,200 shares	370,392	796,220
	Procter & Gamble Co.	4,380 shares	120,636	547,062
	RealPage Inc.	6,000 shares	358,712	322,500
	Rockwell Automation Inc.	1,800 shares	297,923	364,806
	Simmons First National Corp.	19,000 shares	186,685	509,010
	Thermo Fisher Scientific Inc.	2,800 shares	89,415	909,636
	Trimble Inc.	10,000 shares	396,085	416,900
	Truist Financial Corp	14,892 shares	373,932	838,717
	UPS Inc.	3,500 shares	243,077	409,710
	US Bancorp	12,000 shares	332,893	711,480

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Identity of Issue, Borrower, Lessor or Similar Party			
	VF Corp.	5,000 shares	360,381	498,300
	Visa Inc.	4,500 shares	319,050	845,550
	Wal-Mart Stores Inc.	5,100 shares	293,281	606,084
	Walt Disney Co.	3,200 shares	331,710	462,815
	Zions Bancorporation	14,800 shares	289,128	768,416
	Zoetis Inc.	8,000 shares	323,014	1,058,800
	Total Common Stocks		10,610,633	32,674,962
	Foreign Stock:			
	Accenture PLC	4,100 shares	94,191	863,337
	Medtronic PLC	5,400 shares	410,854	612,630
	Total Foreign Stocks		505,045	1,475,967
	Mutual Funds:			
*	Luther King Capital Mgmt	148,628 shares Small Capital Fund	2,637,329	2,493,985
	Total Investments		<u>\$ 29,099,979</u>	<u>\$ 52,241,553</u>

* Indicates Party-in-Interest to the Plan

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity, In Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Replacement Parts, Inc. Pension Plan	BMO Capital Markets Corp. U. S. Treasury Note/Bond 2.375%	N/A	\$ 3,090,635	N/A	N/A	\$ 3,031,768	N/A	\$ 58,867
Replacement Parts, Inc. Pension Plan	BMO Capital Markets Corp. U. S. Treasury Note/Bond 1.5%	N/A	\$ 3,577,039	N/A	N/A	\$ 3,491,840	N/A	\$ 85,199
Replacement Parts, Inc. Pension Plan	J.P. Morgan Securities U.S. Treasury Note/ Bond 2.25%	N/A	\$ 3,922,324	N/A	N/A	\$ 3,877,559	N/A	\$ 44,766
Replacement Parts, Inc. Pension Plan	Morgan Stanley and Co., LLC U.S. Treasury Note/ Bond 1.625%	N/A	\$ 2,658,887	N/A	N/A	\$ 2,593,359	N/A	\$ 65,527
Replacement Parts, Inc. Pension Plan	Morgan Stanley and Co., LLC U.S. Treasury Note/ Bond 1.75%	N/A	\$ 2,686,621	N/A	N/A	\$ 2,621,045	N/A	\$ 65,576
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 4,897,441	N/A	N/A	\$ 4,897,441	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 10,885,877	N/A	N/A	\$ 10,885,877	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,080,836	N/A	N/A	\$ 3,080,836	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,893,799	N/A	N/A	\$ 3,893,799	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 14,185,755	N/A	N/A	\$ 14,185,755	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 33,877,797	N/A	N/A	\$ 33,877,797	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,487,283	N/A	N/A	\$ 3,487,283	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 35,507,735	N/A	N/A	N/A	N/A	\$ 35,507,735	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 4,307,085	N/A	N/A	N/A	N/A	\$ 4,307,085	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 24,481,662	N/A	N/A	N/A	N/A	\$ 24,481,662	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 5,345,508	N/A	N/A	N/A	N/A	\$ 5,345,508	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 3,946,720	N/A	N/A	N/A	N/A	\$ 3,946,720	N/A

Schedule SB, Part V — Summary of Plan Provisions**SUMMARY OF MAJOR PLAN PROVISIONS**

Effective date and plan year	Original plan: December 31, 1943 Restated plan: January 1, 2002 Plan year: January 1 to December 31
Most recent amendment	Addition of Appendix A, effective June 22, 2015
Status of the plan	The plan froze benefit accruals as of December 31, 2008, and new employees hired after December 31, 2005 are not eligible to participate in the plan.
Significant events that occurred during the year	None
Definitions	
• Covered employees	No employee hired after December 31, 2005 shall be eligible to become a Participant in the Plan, and no former Employee who was not a Participant in the Plan at his termination of employment and who is re-employed after December 31, 2005 shall be eligible to become a Participant in the Plan.
• Participation	After January 1, 1984, each covered employee shall become a participant on the January 1 or July 1 after having worked 1,000 hours in his initial year of employment or any preceding calendar year, and after having attained his 21st birthday. Persons who were participants under the prior plan on December 31, 1975 shall automatically become participants in the restated plan as of January 1, 1976.
• Employee contributions	None required nor permitted
• Vesting service	Vesting service is the period of employment used in determining eligibility for benefits. A year of vesting service shall be granted for each calendar year beginning with 1976 in which an employee has completed 1,000 or more hours of service with an employer. Prior plan participants shall retain the service they accrued under the provisions of the prior plan.
• Credited service	Credited service for all employees was frozen effective December 31, 2008.
• Pensionable earnings	Total compensation (Form W-2 or its equivalent).
• Average monthly earnings	Monthly average of pensionable earnings for all complete calendar years of plan participation beginning on or after January 1, 1996 and ending on December 31, 2008.

Schedule SB, Part V — Summary of Plan Provisions

• Accrued benefit	The sum of a) 1.40% multiplied by years of credited service before January 1, 2006, plus b) 0.75% multiplied by years of credited service after December 31, 2005, multiplied by average monthly earnings.
Normal retirement	
• Eligibility	After age 65, provided the employee has completed the earlier of (i) 5 years of vesting service, or (ii) the fifth anniversary of his date of participation.
• Benefit	An annuity, payable for life, equal to the accrued benefit.
Early retirement	
• Eligibility	At or after age 60, provided the employee has completed 15 years of vesting service.
• Benefit	An annuity, payable for life, equal to the accrued benefit actuarially reduced to early retirement age. At age 62, a participant is eligible for an unreduced benefit if his years of vesting service are greater than or equal to 30.
Late retirement	
• Eligibility	After normal retirement age.
• Benefit	An annuity, payable for life, equal to the greater of the Actuarial Equivalent of the annuity at normal retirement age or the benefit based on continuous accrual of service and salary to the actual retirement date (or plan freeze date, if earlier).
Deferred vested	
• Eligibility	At any age, provided the employee has completed 5 years of vesting service.
• Benefit	An annuity computed as for early retirement, considering service and compensation to date of termination (or plan freeze date, if earlier). Payment shall commence at age 65, although, if requested, an actuarially reduced pension may be paid as early as age 60 if the terminated employee has 15 or more years of vesting service.
Disability	
• Eligibility	At any age, provided the employee has completed 15 years of vesting service and retires because of total and permanent disability.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The employee's accrued benefit, commencing on the first day of the month coinciding with or next following retirement, payable for life.
Pre-retirement death	
• Eligibility	At any age, provided the employee has completed 5 years of vesting service.
• Benefit	a) The surviving spouse of an active or inactive participant who dies after satisfying the requirements for Early, Normal, Delayed or Disability Retirement, and who had not begun receiving benefit payments, shall be entitled to a death benefit. The amount of benefit payable to the surviving spouse shall be a monthly benefit equal to 50% of the amount that would have been payable to the participant had he retired on his date of death and elected to receive a Qualified Joint and Fifty Percent (50%) Survivor benefit. The minimum benefit payable to the surviving spouse of an employee shall be the benefit described in (c) below. b) The surviving spouse of an active or inactive participant who dies prior to satisfying the requirements for Early, Normal, Delayed or Disability retirement but after satisfying the requirements for full vesting shall be entitled to a death benefit. The amount of benefit payable to the surviving spouse shall be a monthly benefit equal to the amount that would have been payable if the employee had terminated employment on the date of his death under the Deferred Vested provision of the Plan and had elected to receive the Qualified Joint and Fifty Percent (50%) Survivor benefit. Payments to the spouse begin at the earliest date that the employee would have been eligible to receive payments. The minimum benefit payable to the surviving spouse of an employee, shall be the benefit described in (c) below. c) The surviving beneficiary of a participant who is not married and who dies after satisfying the requirements for full vesting but prior to commencement of benefit payments is entitled to a death benefit. The amount of benefit payable to the surviving beneficiary shall be a single-sum payment equal to the lesser of \$5,000 or the actuarial equivalent of the participant's vested accrued benefit.

Schedule SB, Part V — Summary of Plan Provisions**Post-retirement death**

- | | |
|-----------|---|
| • Benefit | The surviving beneficiary of the participant who dies and elected a single life annuity and payments to the participant have already commenced is entitled to a death benefit equal to the lesser of \$5,000 or one-half of the former Employee's final calendar year Compensation. |
|-----------|---|

Form of benefits

- | | |
|---|---|
| • Automatic form for unmarried participants | Straight Life Annuity |
| • Automatic form for married participants | 50% Joint & Survivor Annuity |
| • Optional forms | 75% Joint & Survivor Annuity
100% Joint & Survivor Annuity
Lump Sum, not to exceed \$50,000 |
| • Optional form conversion factors | For alternate annuity options
Mortality: The 50/50 1994 GAR mortality table projected to 2002
Interest: 7% per annum

For lump sum calculations
Mortality: The applicable mortality table prescribed by Code section 417(e) as it may be modified by the Secretary of the Treasury
Interest: The applicable interest rate prescribed by Code section 417(e) for the second (2nd) month before the beginning of the Plan Year in which the annuity starting date occurs. |

Miscellaneous

- | | |
|------------------------|---|
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2012, this limit no longer applies since benefit accruals ceased December 31, 2008. For 2008, the limit was \$230,000. |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2020, the limit is \$ 230,000. |

Plan Provision Changes Since Prior Valuation

None

Schedule SB, Part V — Summary of Plan Provisions**Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #3, are included in this valuation.

- **Plan amendments excluded:** None
- **IRC Section 436 benefit restrictions:**
 - Unpredictable contingent event benefits: This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - Plan amendments: See above.
 - Prohibited payments: Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - Benefit accruals: The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money Market Funds:				
	Black Rock Liquidity Funds T-Fund	Federated Treasury Obligations	<u>\$ 790,001</u>	<u>\$ 790,001</u>
Total Investments			<u>\$ 790,001</u>	<u>\$ 790,001</u>

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34		1									1
35–39		3	4	1							8
40–44		2	7	6							15
45–49		4	13	5	5						27
50–54		6	18	3	7	3					37
55–59		9	19	9		4	4				45
60–64		4	27	9	6	4	4	5	1		60
65–69		3	18	3	3		1	2	1		31
70 & up			9	3		1	1				14
Total		32	115	39	21	12	10	7	2		238

In each cell, the top number is the count of active participants for each age/service combination. Frozen benefits are not shown for plans with less than 1,000 active participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**ACTUARIAL ASSUMPTIONS FOR JANUARY 1, 2020 FUNDING VALUATION****DISCOUNT RATE SPONSOR ELECTIONS**

• Segment rates or full yield curve	Segment
-------------------------------------	---------

• Look-back months	0
--------------------	---

	<u>Stabilized</u>	<u>Nonstabilized</u>
• First 5 years	3.64%	2.77%
• Next 15 years	5.21%	3.83%
• Over 20 years	5.94%	4.28%

Mortality sponsor elections

• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables, with improvement beyond 2006 removed, and projected from 2006 with mortality improvement based on the IRS methodology and projection scale MP-2018.
• Disabled participants	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits.

Other economic assumptions

• Salary increases	Not applicable
• Flat-dollar benefit increases	Not applicable
• Social Security wage base	Not applicable
• Inflation	Not applicable
• Expected investment return	5.17% per year for 2020, 5.90% per year for 2019 and 6.00% per year for 2018
• Expenses	\$130,000

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**RATIONALE FOR ECONOMIC ASSUMPTIONS**

- Discount rate for Funding – Prescribed assumption by the IRS.
- Mortality for Funding – Prescribed assumption by the IRS.
- Expected investment return – The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan's current 70% equities / 30% fixed income asset mix, adjusted for current market conditions, and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook. The expected return on assets assumption is net of an adjustment of 11 bps for investment expenses assumed to be paid from plan assets.
- Expenses – The expense load is the prior year administrative expenses net of prior year PBGC premium, plus current year estimated PBGC premium, rounded to the nearest \$10,000.

DEMOGRAPHIC ASSUMPTIONS

• Withdrawal	200% of the Basic Age Table of the 2003 SOA Pension Plan Turnover Study. See table of sample rates.	
• Disability incidence	1985 Class 1 sex distinct mortality table. See table of sample rates. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.	
• Retirement age	Determined by age when participant will complete 30 years of vesting service. See table of sample rates.	
• Benefit commencement age for		
– Future vested deferred	65	
– Current vested deferred	65	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
– Percentage married	100%	100%
– Spouse age difference	3 years younger	3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Form of payment	Single life	50% J&S
• Active retirements	100%	0%
• Future vested deferred	100%	0%
• Future disabilities	100%	0%
• Future deaths	0%	100%
• Current vested deferred	100%	0%
Unpredictable contingent event assumptions	Not applicable	

Table of Sample Rates

ATTAINED AGE	PERCENTAGE					
	WITHDRAWAL		DISABILITY		DISABLED MORTALITY	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
20	34.920%	34.920%	0.029%	0.030%	2.458%	0.965%
25	37.020	37.020	0.038	0.047	2.746	1.197
30	24.380	24.380	0.048	0.080	3.066	1.484
35	17.560	17.560	0.069	0.136	3.418	1.765
40	14.000	14.000	0.117	0.211	3.837	2.058
45	12.420	12.420	0.202	0.323	4.303	2.399
50	11.260	11.260	0.358	0.533	4.800	2.796
55	5.840	5.840	0.722	0.952	5.312	3.259
60	4.400	4.400	1.256	1.159	5.812	3.799
65	0.000	0.000	1.753	1.358	6.367	4.429

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

RETIREMENT RATES					
ATTAINED AGE	SERVICE GREATER THAN 15 YEARS AND LESS THAN 30 YEARS	AGE AT WHICH 30 YEARS OF VESTING SERVICE COMPLETED			
		62 OR BEFORE	63	64	65 OR LATER
60	10%	—	—	—	—
61	10	—	—	—	—
62	10	10%	—	—	—
63	10	15	15%	—	—
64	10	50	50	50%	—
65	10	50	50	50	50%
66	10	50	50	50	50
67	10	50	50	50	50
68	10	50	50	50	50
69	10	50	50	50	50
70	100	100	100	100	100

RATIONALE FOR DEMOGRAPHIC ASSUMPTIONS

- Withdrawal – The termination table is 200% of the Basic Age Table of the 2003 SOA Pension Plan Turnover Study. Annual review of the experience has shown that this table produced a reasonable approximation of the rates of termination experienced by the plan.
- Retirement age – Experience study was performed in 2016 using data from 2011 – 2016. The assumption is reviewed annually for reasonability.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**ACTUARIAL METHODS FOR FUNDING****Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, line 24 — Change in Actuarial Assumptions

ACTUARIAL ASSUMPTION CHANGES SINCE PRIOR VALUATION

- Interest discounts and mortality rates were updated from 2019 to 2020 in accordance with PPA.
- The expense component of normal cost decreased from \$280,000 to \$130,000 to reflect our expectations for the current plan year.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information		
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020			
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report	☒ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

Part II	Basic Plan Information—enter all requested information		
1a Name of plan	REPLACEMENT PARTS, INC. PENSION PLAN	1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	01/01/1943
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	71-0681030		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Plan Sponsor's telephone number		
REPLACEMENT PARTS, INC.	501-375-1215		
P.O. BOX 3643	2d Business code (see instructions)		
LITTLE ROCK, AR 72203	423100		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2021	GINGER GUINEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2021	GINGER GUINEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor PENSION COMMITTEE OF REPLACEMENT PARTS, INC. P.O. BOX 3643 LITTLE ROCK, AR 72203		3b Administrator's EIN 71-0681030 3c Administrator's telephone number 501-375-1215
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		5 625
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c..... e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e..... g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 6a(2) 0 6b 238 6c 0 6d 238 6e 0 6f 238 6g 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 1I 1H 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) ☐ 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

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)		6921934
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		628472
9 Amount remaining (line 7 minus line 8)		6293462
10 Interest on line 9 using prior year's actual return of <u>25.22</u> %		1587211
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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>5.42</u> %		16
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		4
c Total available at beginning of current plan year to add to prefunding balance		20
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)		7880673

Part III Funding Percentages

14 Funding target attainment percentage	14	101.32 %
15 Adjusted funding target attainment percentage	15	121.11 %
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	93.60 %
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
Totals ▶			18(b)		18(c)

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 65
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
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	130000
b Excess assets, if applicable, but not greater than line 31a		31b	130000
32 Amortization installments:		Outstanding Balance Installment	
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)		36	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	
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 2020 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan REPLACEMENT PARTS, INC. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 REPLACEMENT PARTS, INC.	D Employer Identification Number (EIN) 71-0681030	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

LUTHER KING CAPITAL MANAGEMENT

75-1630300

(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?
28	INVESTMENT MANAGER	131619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

6410 POPLUR AVE STE. 540
MEMPHIS, TN 38119

13-2034414

(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?
11	ACTUARY	678415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REGIONS MORGAN KEEGAN

71-0704154

(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	87389	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)

FRIDAY ELDREDGE & CLARK LLP

400 W CAPITOL AVE 2000
LITTLE ROCK, AR 72201

(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?
29	PLAN ATTORNEY	82732	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan REPLACEMENT PARTS, INC. PENSION PLAN	B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 REPLACEMENT PARTS, INC.	D Employer Identification Number (EIN) 71-0681030	

Part I	Asset and Liability Statement
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.	
Assets	
a Total noninterest-bearing cash.....	1a (a) Beginning of Year 60402 (b) End of Year
b Receivables (less allowance for doubtful accounts):	
(1) Employer contributions	1b(1) 115000
(2) Participant contributions.....	1b(2)
(3) Other	1b(3) 158437 786868
c General investments:	
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 604906 790001
(2) U.S. Government securities	1c(2)
(3) Corporate debt instruments (other than employer securities):	
(A) Preferred	1c(3)(A) 14991733
(B) All other	1c(3)(B)
(4) Corporate stocks (other than employer securities):	
(A) Preferred	1c(4)(A)
(B) Common	1c(4)(B) 34150929
(5) Partnership/joint venture interests	1c(5)
(6) Real estate (other than employer real property)	1c(6)
(7) Loans (other than to participants)	1c(7)
(8) Participant loans	1c(8)
(9) Value of interest in common/collective trusts	1c(9)
(10) Value of interest in pooled separate accounts	1c(10)
(11) Value of interest in master trust investment accounts	1c(11)
(12) Value of interest in 103-12 investment entities	1c(12)
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 2493985
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)
(15) Other.....	1c(15)

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	52575392	1576869

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		1576869
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		1576869

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	52575392	0
--	----	----------	---

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	785920	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		785920
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	758389	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		758389
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	146414	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		146414
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2976545	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		2976545

		(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)		-131619
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4535649

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	17785553	
(2) To insurance carriers for the provision of benefits.....	2e(2)	33877797	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		51663350
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)	931265	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	216442	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1147707
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		52811057

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-48275408
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		4299984

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: HCJ CPAS & ADVISORS PLLC

(2) EIN: 71-0650689

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.)		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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
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	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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	
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	
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		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)
REPLACEMENT PARTS INC 401K PLAN	71-0681030	003

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 4323008.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
---	------------	------------	------------

A Name of plan REPLACEMENT PARTS, INC. PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 REPLACEMENT PARTS, INC.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 71-0681030</td> </tr> </table>	D Employer Identification Number (EIN) 71-0681030	
D Employer Identification Number (EIN) 71-0681030			

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	
--	---	--

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): _____

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) 2020
v. 200204

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 _____

**REPLACEMENT PARTS, INC.
PENSION PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2020 (LIQUIDATION BASIS)
AND 2019 (ONGOING)**

with

**REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS**



CONTENTS

	<u>PAGE</u>
Report of Independent Certified Public Accountants	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2020 (In Liquidation) and December 31, 2019 (Ongoing)	3
Statements of Changes in Net Assets Available for Benefits for the Years Ending December 31, 2020 (In Liquidation) and December 31, 2019 (Ongoing)	4
Statement of Accumulated Plan Benefits	5
Statement of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements	7 - 14
Supplemental Schedules:	
Schedule H, Line 4i - Schedules of Assets (Held at End of Year)	15 - 18
Schedule H, Line 4j - Schedule of Reportable Transactions	19

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Administrative Committee
Replacement Parts, Inc. Pension Plan
Little Rock, Arkansas

Report on the Financial Statements

We have audited the accompanying financial statements of Replacement Parts, Inc. Pension Plan, which comprise the statement of net assets available for benefits as of December 31, 2020 (in liquidation), and the related statement of changes in net assets available for benefits for the year then ended (in liquidation), and the statement of net assets available for benefits and of accumulated plan benefits as of December 31, 2019 (ongoing), the related statement of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2019 (ongoing), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Region's Bank Trust Department, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As described in Note 3 to the financial statements, the governing body of Replacement Parts, Inc. Pension Plan approved a plan of liquidation effective June 1, 2020 and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2019 financial statements to the liquidation basis used in presenting the 2020 financial statements. Our opinion is not modified with respect to that matter.

Other Matter

The supplemental schedules of assets held at year end as of December 31, 2020 and 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

HCS CPAs & Advisors, PLLC

Little Rock, Arkansas
September 24, 2021

FINANCIAL STATEMENTS

REPLACEMENT PARTS, INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 (IN LIQUIDATION) AND DECEMBER 31, 2019 (ONGOING)

	<u>Assets</u>	(In Liquidation)	(Ongoing)
		2020	2019
Cash		\$ -	\$ 60,402
Investments, at Fair Value:			
Money Market Funds		790,001	604,906
Corporate Obligations and Debentures		-	14,991,733
Domestic Common Stocks		-	32,674,962
Foreign Stocks		-	1,475,967
Mutual Funds		-	2,493,985
Total Investments, at Fair Value		<u>790,001</u>	<u>52,241,553</u>
Receivables:			
Other Receivables		786,736	-
Accrued Interest and Dividends		132	158,437
Employer Contributions		-	115,000
Total Receivables		<u>786,868</u>	<u>273,437</u>
Total Assets		1,576,869	52,575,392
	<u>Liabilities</u>		
Other Accrued Liquidation Expenses		<u>1,576,869</u>	<u>-</u>
Net Assets Available for Benefits		<u>\$ -</u>	<u>\$ 52,575,392</u>

See accompanying notes.

REPLACEMENT PARTS, INC. PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2020 (IN LIQUIDATION) AND 2019 (ONGOING)

	(In Liquidation) 2020	(Ongoing) 2019
Investment Income:		
Net Change in Fair Value of Investments	\$ 2,976,545	\$ 9,867,160
Interest and Dividends	904,803	1,125,857
Investment Expense	(131,619)	(185,541)
Net Investment Income	3,749,729	10,807,476
Contributions:		
Employer	-	115,000
Other	785,920	-
Total Contributions	785,920	115,000
Deductions:		
Benefit Payments to Participants	17,785,553	2,708,454
Annuities Purchased by Insurance Company	33,877,797	-
Administrative Expenses	1,147,707	320,108
Total Deductions	52,811,057	3,028,562
Change in Net Assets Available for Benefits	(48,275,408)	7,893,914
Transfer of Assets to Another Qualified Plan	(4,299,984)	-
Net Assets Available for Benefits:		
Beginning of Year	52,575,392	44,681,478
End of Year	\$ -	\$ 52,575,392

See accompanying notes.

REPLACEMENT PARTS, INC. PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2019 (ONGOING)

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:

Participants Currently Receiving Payments

\$ 13,998,677

Other Participants

22,471,392

36,470,069

Nonvested Benefits

352,189

Total Actuarial Present Value of Accumulated Plan Benefits

\$ 36,822,258

See accompanying notes.

REPLACEMENT PARTS, INC. PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2019 (ONGOING)

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 39,485,947
Increase (Decrease) During the Year Attributable to:	
Benefits Accumulated and (Gains) Losses	(1,826,941)
Increase for Interest Due to Decrease in Discount Period	2,242,118
Benefits Paid	(2,739,588)
Change in Actuarial Assumptions	<u>(339,278)</u>
Net Decrease	<u>(2,663,689)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year (ONGOING)	<u>\$ 36,822,258</u>

See accompanying notes.

REPLACEMENT PARTS, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

Note 1: Description of the Plan

The following brief description of the Replacement Parts, Inc. Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan agreements for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit plan that covers employees hired before December 31, 2005, of Replacement Parts, Inc. (the "Employer") who have attained age twenty-one and completed one year of credited service. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Employer's Pension Plan Administrative Committee ("Committee"), which is a committee of the board of directors of the Employer. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Directors.

Plan Amendments

On April 17, 2020, the Plan was amended effective June 1, 2020 to terminate the Plan. This amendment outlines the plan changes as a result of Plan termination and includes certain provisions for the lump sum distributions to be made out of the Plan starting November 1, 2020. The amendment also details the types of payment that participants can elect under the Plan Termination Window such as an immediate distribution of the single sum actuarial value, the actuarial equivalent of his or her vested benefit or any other optional form of benefit payment in accordance with the Plan.

On July 17, 2020, the Plan was amended effective November 1, 2020 to allow a single sum death benefit of \$5,000 to the spouse or other beneficiary of a deceased participant who elects and commences receiving a single life only annuity.

Administration

Region's Trust Department is the trustee for the Plan. All contributions to the Plan are paid to the trustee in accordance with the terms of the Plan. The Plan is administered by a pension committee appointed by the Board of Directors of Replacement Parts, Inc.

Benefits

Upon completion of five years of vesting service, a participant is eligible for a deferred vested termination benefit equal to their accrued benefit.

Benefits under the Plan are based on employees' career average annual earnings. Normal retirement age for Plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 60, provided that they have at least fifteen years of service with the Employer. Accrued benefits are payable as an annuity over the participant's lifetime, as a qualified joint and survivor annuity benefit, or in the form of a lump sum benefit payment not to exceed \$15,000, with the exception of any participant or beneficiary that has an actuarial value of their vested benefit not exceeding \$50,000 pursuant to the Plan amendment effective October 1, 2017.

REPLACEMENT PARTS, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

The spouse of a participant shall receive a monthly benefit based on the participant's vested benefit determined as of the date of the participant's death. Payment will be equal to the benefit that would have been payable to the spouse upon the participant's death subsequent to retirement had the participant survived and retired on the first day of the month coinciding with the later of (a) the date of death, or (b) the date the participant would have satisfied the requirements for normal or early retirement and having elected to have his retirement benefit payable as a qualified joint survivor annuity. In no event shall the benefit have an actuarial value which is less than the lesser value of the actuarial value of the participant's vested accrued benefit or \$5,000 if the participant had no surviving spouse. Monthly benefits will commence on the first day of the month following the date the participant would have been eligible to commence benefits under the Plan assuming the participant had survived such date and will be continued to the spouse on the first day of each month thereafter during the lifetime of the spouse.

On November 12, 2008, the Plan was amended such that future benefit accruals for all eligible employees ceased as of December 31, 2008. As a result of this amendment, benefit accruals will not be made under the plan after December 31, 2008. The cessation of benefit accruals will not affect the crediting of vesting years of service toward eligibility for early retirement.

Participant Accounts

Under the Plan's provisions, participants' hypothetical accounts receive investment credits at the end of every quarter. The amount of the investment credit is tied to the actual return on the fair value of assets and was 24.43% as of December 31, 2019. As a result of Plan termination, there were no remaining plan assets or liabilities and actual return on the fair value of assets as of December 31, 2020.

Funding Policy

The Employer has agreed to voluntarily contribute such additional amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members and to meet or exceed the annual ERISA minimum funding requirement. The Employer's present intention is to make contributions in amounts sufficient to annually fund the Plan's current service cost. During 2020, the Employer made no contributions to the Plan and in 2019, the Employer made contributions of \$115,000. The Plan has exceeded the minimum funding requirements established by the federal government.

The Employer has the right under the plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Effective June 1, 2020, the Plan was amended to terminate the Plan (see Note 3).

Priorities Upon Termination of the Plan

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

- a. Benefits attributable to employee contributions, if any, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

REPLACEMENT PARTS, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations discussed below.
- d. Vested benefits not insured by the PBGC.
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits upon Plan termination will depend on the sufficiency of the Plan's net assets to provide for accumulated benefit obligations and also depends on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

As discussed in Note 3, the Board of Directors voted to terminate the Plan effective June 1, 2020. As a result, the accompanying 2020 financial statements are prepared on the liquidation basis of accounting. The accompanying 2019 financial statements are prepared on the accrual basis of accounting. Under the accrual basis of accounting, revenues and expenses, other than benefit payments, together with the related assets and liabilities are recorded in the accounting period to which they apply, regardless of when the cash transactions occurred.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes there in. Actual results could differ from those estimates.

Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Benefits under the Plan are based on employees' average compensation of all complete calendar years beginning January 1, 1996. The accumulated plan benefits for active employees are based on their average compensation of all complete calendar years beginning January 1, 1996. Benefits payable under all circumstances, including retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered up to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded for accumulated plan benefits.

REPLACEMENT PARTS, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

Actuaries from Mercer Human Resource Consulting determine the actuarial present value of accumulated plan benefits, which is the 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 more significant methods and assumptions used by the actuaries in their valuations as of January 1, 2020 and 2019, are as follows:

Life expectancy of participants using the MSS - 2019 scale.

Retirement - At normal retirement age (62-65).

Assumed investment earnings - 5.17% and 5.90% compounded annually through 2020 and 2019, respectively.

Discount rate - 3.33% and 4.40% per year in 2020 and 2019, respectively.

Long-term rate of return on assets - 5.90% and 5.90% per year in 2020 and 2019, respectively.

Compensation increases - Benefit accruals were frozen effective December 31, 2008.

The long-term rate of return on assets reflects an implicit expense load of 0.60% to account for expenses paid from the Plan.

The following changes in methods and assumptions used by the actuaries in their valuations since January 1, 2019, are as follows:

Interest discounts and mortality rates were updated from 2019 to 2020 in accordance with PPA.

The expense component of normal cost decreased from \$280,000 to \$130,000.

The mortality improvement scale was updated from MSS 2018 projection scale to the MSS 2019 projection scale.

The discount rate decreased from 4.40% to 3.33%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. On April 17, 2020, the Plan was amended effective June 1, 2020 to terminate the Plan (see Note 3). The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2020 and 2019. Had the valuations been performed as of December 31, there would have been material differences due to the approved termination of the Plan.

Payment of Benefits

Benefit payments to participants are recorded when paid.

REPLACEMENT PARTS, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

Investment Valuation and Income Recognition

Investments are reported at liquidation value which equals 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisors, custodians, and insurance company. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis when earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in investment expense presented in the accompanying statements of changes in net assets available for benefit. Administrative expenses and investment related expenses totaled \$1,279,326 in 2020 and \$505,649 in 2019.

COVID-19 Pandemic

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic. As of the date of the audit report, the COVID-19 pandemic continues to persist domestically and globally. At the current time, the Plan is unable to predict how COVID-19 will affect future financial performance due to the uncertainties surrounding the severity and duration of the pandemic.

Recently Adopted Accounting Standards

In August of 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 eliminates, amends and adds disclosure requirements to the fair value measurements in Topic 820. ASU 2018-13 is effective for all reporting periods beginning after December 15, 2019. Implementation of ASU 2018-13 had no significant impact on note disclosures related to fair value measurements.

Subsequent Events

The Plan has evaluated all subsequent events for potential recognition and disclosure through September 24, 2021, the date these financial statements were available to be issued.

Note 3: Plan Termination

The Company reserves the right to terminate the Plan at any time, subject to Plan provisions. On March 27, 2020, the Board of Directors approved the termination of the Plan effective June 1, 2020. As a result of the Plan termination, participants become 100% vested in their accounts and final distributions will be made to the participants or the participant's beneficiary as soon as feasibly possible after the date of termination. The Administrative Committee shall direct the Trustee to pay all liabilities and expenses of the trust fund.

REPLACEMENT PARTS, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

The Plan received a favorable determination letter on Plan termination from the Internal Revenue Service as of August 3, 2020. As described in Note 2, in accordance with generally accepted accounting principles, the Plan has changed its basis of accounting to value Plan assets from the going concern basis in 2019 to the liquidation basis in 2020. Upon receipt of the determination letter, the Plan began distributing Plan assets to participants, an insurance company and transferred the remaining surplus assets to the Replacement Parts Inc. 401(k) Retirement Savings Plan. The liquidation of Plan assets was completed July 30, 2021 and liquidation income and costs were included in other receivables and other accrued liquidation expenses in the statement of net assets available for benefits as of December 31, 2020.

Note 4: Fair Value

The framework for measuring fair value 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 are described as follows:

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

Level 2: Inputs to the valuation methodology include, quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The following table presents the Company's hierarchy for its assets measured at fair value on a recurring basis as of December 31, 2020:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money Market Funds	\$ 790,001	\$ 790,001	\$ -	\$ -
Investments at Fair Value	\$ 790,001	\$ 790,001	\$ -	\$ -

The following table presents the Company's hierarchy for its assets measured at fair value on a recurring basis as of December 31, 2019:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money Market Funds	\$ 604,906	\$ 604,906	\$ -	\$ -
Mutual Funds	2,493,985	2,493,985	-	-
Domestic Common Stocks	32,674,962	32,674,962	-	-
Foreign Stocks	1,475,967	1,475,967	-	-
Corporate Obligations and Debentures	14,991,733	-	14,991,733	-
Investments at Fair Value	\$ 52,241,553	\$ 37,249,820	\$ 14,991,733	\$ -

REPLACEMENT PARTS, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

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

Money Market Fund: Valued at the net asset value of shares held by the Plan at year end.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common and Foreign Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Obligations and Debentures: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities those securities are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The Plan's investments (including realized gains and losses on investments bought, sold, and held during the year as well as unrealized appreciation (depreciation) of the investments held at the end of the year appreciated in value by \$3,749,729 and \$10,807,476 in 2020 and 2019, respectively.

Note 5: Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated August 3, 2020, stated that the Plan is qualified, under the Internal Revenue Code (IRC) and, and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is currently designed and being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2017.

Note 6: Parties in Interest

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

REPLACEMENT PARTS, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

Certain plan investments are shares of mutual funds managed by Luther King Capital Management, the investment manager of the Plan. Fees paid by the Plan for investment management services amounted to \$131,619 and \$185,541 for the years ended December 31, 2020 and 2019, respectively.

The Plan incurs expenses related to general administration and recordkeeping. The Plan paid \$87,390 and \$78,663 in fees to the trustee and \$678,415 and \$76,582 in fees to the Plan actuary for the years ended December 31, 2020 and 2019, respectively. The Plan paid PBGC insurance premiums and unlocated participant's balances of \$299,169 and \$164,863 for the years ended December 31, 2020 and 2019, respectively. The Plan paid Plan termination legal fees and certain accounting and auditing fees of \$82,732 for the year ended December 31, 2020.

The above transactions are exempt from being prohibited transactions under ERISA.

Note 7: Risks and Uncertainties

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of such investments, 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 statements of net assets available for benefits and the statements of changes in net assets available for benefits as of and for the years ending December 31, 2020 (in liquidation) and December 31, 2019 (ongoing).

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 estimation and assumption process, it is at least reasonably possible the changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 8: Information Prepared and Certified by the Trustee

All of the Plan's assets are held by Region's Bank Trust Department. The amounts set forth in the accompanying financial statements for investments and investment income and the information shown in the supplemental schedules were summarized from information furnished by the Trustee. The Plan Administrator has received from the Trustee a certification that information furnished by the Trustee is complete and accurate for the years ended December 31, 2020 and 2019, respectively.

Note 9: Transfer of Assets

Effective December 18, 2020, the Board of Directors approved to move the surplus of assets from the termination of the Plan to the Replacement Parts Inc. 401(k) Retirement Savings Plan (the "401(k) Plan"). The surplus of assets can be allocated as a future profit sharing contribution in the 401(k) Plan to Pension Plan participants. Plan surplus assets of \$4,299,984 were transferred to the 401(k) Plan.

SUPPLEMENTAL SCHEDULES

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money Market Funds:				
	Black Rock Liquidity Funds T-Fund	Federated Treasury Obligations	<u>\$ 790,001</u>	<u>\$ 790,001</u>
Total Investments			<u>\$ 790,001</u>	<u>\$ 790,001</u>

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Money Market Funds:			
	Federated	Federated Treasury Obligations	\$ 604,906	\$ 604,906
	Corporate Obligations and Debentures:			
	Abbot Laboratories	270,000 face, 03/15/2025, 2.950% Bond	281,399	281,051
	AbbVie Inc.	500,000 face, 05/14/2023, 2.850% Bond	502,272	509,981
	Alphabet Inc.	500,000 face, 02/25/2024, 3.375% Bond	503,395	531,875
	Amazon.com Inc.	525,000 face, 12/05/2024, 3.800% Bond	529,153	566,675
	Amgen Inc.	250,000 face, 05/01/2025, 3.125% Bond	256,893	260,840
	Apple Inc.	475,000 face, 05/11/2024, 2.850% Bond	491,825	491,359
	AT&T Inc.	400,000 face, 02/17/2023, 3.600% Bond	412,732	417,519
	Bank of America Corp	400,000 face, 08/01/2025, 3.875% Bond	394,460	429,825
	Bank of New York Mellon Corp	500,000 face, 04/28/2023, 3.500% Bond	500,315	524,575
	Berkshire Hathaway Inc.	500,000 face, 03/15/2021, 2.200% Bond	509,460	501,934
	Chevron Corp	500,000 face, 03/03/2022, 2.411% Bond	501,455	506,603
	Cisco Systems Inc.	500,000 face, 03/04/2021, 2.900% Bond	513,040	506,665
	Ecolab Inc.	425,000 face, 01/14/2023, 3.250% Bond	434,554	438,587
	Exxon Mobil Corp.	500,000 face, 03/15/2024, 3.176% Bond	513,790	523,878
	Home Depot Inc.	450,000 face, 04/01/2021, 2.000% Bond	447,444	451,090
	Illinois Tool Works Inc.	400,000 face, 03/01/2024, 3.500% Bond	403,492	424,255
	Intel Corp.	400,000 face, 12/15/2022, 2.700% Bond	408,472	409,920
	International Business Machines	500,000 face, 11/01/2021, 2.900% Bond	510,190	509,275
	JP Morgan Chase & Co.	500,000 face, 03/01/2021, 2.550% Bond	511,205	503,867
	Medtronic Inc.	450,000 face, 03/15/2022, 3.150% Bond	459,164	462,833
	Merck & Co Inc.	300,000 face, 09/15/2022, 2.400% Bond	298,509	304,678
	Microsoft Corp.	500,000 face, 11/03/2020, 2.000% Bond	501,080	501,060
	Occidental Petroleum Corp.	500,000 face, 06/15/2025, 3.500% Bond	489,835	516,361
	Oracle Corp.	500,000 face, 07/08/2024, 3.400% Bond	495,395	527,843
	Qualcomm Inc.	500,000 face, 05/20/2020, 2.250% Bond	510,645	500,550
	Rockwell Automation Inc.	400,000 face, 03/01/2020, 2.050% Bond	401,772	399,960
	Truist Bank	500,000 face, 01/15/2022, 2.625% Bond	506,785	506,708
	TWDC Enterprises	500,000 face, 02/12/2021, 2.300% Bond	513,885	503,303
	Union Pacific Corp.	400,000 face, 01/15/2023, 2.950% Bond	409,060	410,014
	US Bancorp	500,000 face, 01/29/2021, 2.350% Bond	500,650	502,758
	Walmart Inc.	525,000 face, 06/26/2025, 3.550% Bond	524,585	563,980
	Wells Fargo & Co.	500,000 face, 07/22/2020, 2.600% Bond	505,155	501,911
	Total Corporate Obligations and Debentures		14,742,066	14,991,733

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Domestic Common Stocks:				
Abbot Labs	6,700 shares	173,484	581,962	
Adobe Sytems Inc.	3,800 shares	107,012	1,253,278	
Air Products & Chemicals Inc.	3,100 shares	171,022	728,469	
Alphabet Inc. Class A	250 shares	66,078	334,848	
Alphabet Inc. Class C	601 shares	149,008	803,549	
Amazon.com Inc.	700 shares	133,608	1,293,488	
Apple Inc.	7,000 shares	87,213	2,055,550	
AT&T Inc.	24,421 shares	395,431	954,373	
Automatic Data Processing Inc.	3,700 shares	99,076	630,850	
Bank of America Corp.	15,000 shares	452,748	528,300	
Black Knight Inc.	8,000 shares	360,620	515,840	
Cabot Oil & Gas Corp.	13,200 shares	94,833	229,812	
Chevron Corp.	3,990 shares	85,280	480,835	
Coca Cola Co.	9,200 shares	229,679	509,220	
Colgate-Palmolive Co.	7,400 shares	58,787	509,416	
Cullen/Frost Bankers Inc.	6,600 shares	103,278	645,348	
Danaher Corp.	5,800 shares	121,226	890,184	
Ecolab Inc.	3,000 shares	314,384	578,970	
Emerson Electric Co.	7,300 shares	390,675	556,698	
EOG Resources Inc.	4,600 shares	220,071	385,296	
Exxon Mobil Corp.	4,220 shares	95,073	294,472	
FMC Corp.	8,200 shares	147,551	818,524	
Fortive Corp.	3,600 shares	46,820	275,004	
Home Depot Inc.	5,350 shares	142,897	1,168,333	
JPMorgan Chase & Co.	5,100 shares	192,843	710,940	
Kimberly-Clark Corp.	4,200 shares	21,590	577,710	
Martin Marietta Materials Inc.	3,000 shares	238,703	838,920	
Merck & Co Inc.	5,000 shares	303,965	454,750	
Microsoft Corp.	7,000 shares	362,859	1,103,900	
Moody's Corp.	2,500 shares	373,217	593,525	
Oracle Corp.	9,700 shares	175,024	513,906	
PepsiCo Inc.	5,800 shares	10,264	792,686	
PerkinElmer Inc.	8,200 shares	370,392	796,220	
Procter & Gamble Co.	4,380 shares	120,636	547,062	
RealPage Inc.	6,000 shares	358,712	322,500	
Rockwell Automation Inc.	1,800 shares	297,923	364,806	
Simmons First National Corp.	19,000 shares	186,685	509,010	
Thermo Fisher Scientific Inc.	2,800 shares	89,415	909,636	
Trimble Inc.	10,000 shares	396,085	416,900	
Truist Financial Corp	14,892 shares	373,932	838,717	
UPS Inc.	3,500 shares	243,077	409,710	
US Bancorp	12,000 shares	332,893	711,480	

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		
	Identity of Issue, Borrower, Lesser or Similar Party		Cost	Current Value
	VF Corp.	5,000 shares	360,381	498,300
	Visa Inc.	4,500 shares	319,050	845,550
	Wal-Mart Stores Inc.	5,100 shares	293,281	606,084
	Walt Disney Co.	3,200 shares	331,710	462,815
	Zions Bancorporation	14,800 shares	289,128	768,416
	Zoetis Inc.	8,000 shares	323,014	1,058,800
	Total Common Stocks		10,610,633	32,674,962
	Foreign Stock:			
	Accenture PLC	4,100 shares	94,191	863,337
	Medtronic PLC	5,400 shares	410,854	612,630
	Total Foreign Stocks		505,045	1,475,967
	Mutual Funds:			
*	Luther King Capital Mgmt	148,628 shares Small Capital Fund	2,637,329	2,493,985
	Total Investments		\$ 29,099,979	\$ 52,241,553

* Indicates Party-in-Interest to the Plan

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity, In Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Replacement Parts, Inc. Pension Plan	BMO Capital Markets Corp. U. S. Treasury Note/Bond 2.375%	N/A	\$ 3,090,635	N/A	N/A	\$ 3,031,768	N/A	\$ 58,867
Replacement Parts, Inc. Pension Plan	BMO Capital Markets Corp. U. S. Treasury Note/Bond 1.5%	N/A	\$ 3,577,039	N/A	N/A	\$ 3,491,840	N/A	\$ 85,199
Replacement Parts, Inc. Pension Plan	J.P. Morgan Securities U.S. Treasury Note/ Bond 2.25%	N/A	\$ 3,922,324	N/A	N/A	\$ 3,877,559	N/A	\$ 44,766
Replacement Parts, Inc. Pension Plan	Morgan Stanley and Co., LLC U.S. Treasury Note/ Bond 1.625%	N/A	\$ 2,658,887	N/A	N/A	\$ 2,593,359	N/A	\$ 65,527
Replacement Parts, Inc. Pension Plan	Morgan Stanley and Co., LLC U.S. Treasury Note/ Bond 1.75%	N/A	\$ 2,686,621	N/A	N/A	\$ 2,621,045	N/A	\$ 65,576
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 4,897,441	N/A	N/A	\$ 4,897,441	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 10,885,877	N/A	N/A	\$ 10,885,877	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,080,836	N/A	N/A	\$ 3,080,836	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,893,799	N/A	N/A	\$ 3,893,799	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 14,185,755	N/A	N/A	\$ 14,185,755	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 33,877,797	N/A	N/A	\$ 33,877,797	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,487,283	N/A	N/A	\$ 3,487,283	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 35,507,735	N/A	N/A	N/A	N/A	\$ 35,507,735	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 4,307,085	N/A	N/A	N/A	N/A	\$ 4,307,085	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 24,481,662	N/A	N/A	N/A	N/A	\$ 24,481,662	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 5,345,508	N/A	N/A	N/A	N/A	\$ 5,345,508	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 3,946,720	N/A	N/A	N/A	N/A	\$ 3,946,720	N/A

Schedule SB, Part V— Summary of Plan Provisions**SUMMARY OF MAJOR PLAN PROVISIONS**

Effective date and plan year	Original plan: December 31, 1943 Restated plan: January 1, 2002 Plan year: January 1 to December 31
Most recent amendment	Addition of Appendix A, effective June 22, 2015
Status of the plan	The plan froze benefit accruals as of December 31, 2008, and new employees hired after December 31, 2005 are not eligible to participate in the plan.
Significant events that occurred during the year	None
Definitions	
• Covered employees	No employee hired after December 31, 2005 shall be eligible to become a Participant in the Plan, and no former Employee who was not a Participant in the Plan at his termination of employment and who is re-employed after December 31, 2005 shall be eligible to become a Participant in the Plan.
• Participation	After January 1, 1984, each covered employee shall become a participant on the January 1 or July 1 after having worked 1,000 hours in his initial year of employment or any preceding calendar year, and after having attained his 21st birthday. Persons who were participants under the prior plan on December 31, 1975 shall automatically become participants in the restated plan as of January 1, 1976.
• Employee contributions	None required nor permitted
• Vesting service	Vesting service is the period of employment used in determining eligibility for benefits. A year of vesting service shall be granted for each calendar year beginning with 1976 in which an employee has completed 1,000 or more hours of service with an employer. Prior plan participants shall retain the service they accrued under the provisions of the prior plan.
• Credited service	Credited service for all employees was frozen effective December 31, 2008.
• Pensionable earnings	Total compensation (Form W-2 or its equivalent).
• Average monthly earnings	Monthly average of pensionable earnings for all complete calendar years of plan participation beginning on or after January 1, 1996 and ending on December 31, 2008.

Schedule SB, Part V— Summary of Plan Provisions

• Accrued benefit	The sum of a) 1.40% multiplied by years of credited service before January 1, 2006, plus b) 0.75% multiplied by years of credited service after December 31, 2005, multiplied by average monthly earnings.
Normal retirement	
• Eligibility	After age 65, provided the employee has completed the earlier of (i) 5 years of vesting service, or (ii) the fifth anniversary of his date of participation.
• Benefit	An annuity, payable for life, equal to the accrued benefit.
Early retirement	
• Eligibility	At or after age 60, provided the employee has completed 15 years of vesting service.
• Benefit	An annuity, payable for life, equal to the accrued benefit actuarially reduced to early retirement age. At age 62, a participant is eligible for an unreduced benefit if his years of vesting service are greater than or equal to 30.
Late retirement	
• Eligibility	After normal retirement age.
• Benefit	An annuity, payable for life, equal to the greater of the Actuarial Equivalent of the annuity at normal retirement age or the benefit based on continuous accrual of service and salary to the actual retirement date (or plan freeze date, if earlier).
Deferred vested	
• Eligibility	At any age, provided the employee has completed 5 years of vesting service.
• Benefit	An annuity computed as for early retirement, considering service and compensation to date of termination (or plan freeze date, if earlier). Payment shall commence at age 65, although, if requested, an actuarially reduced pension may be paid as early as age 60 if the terminated employee has 15 or more years of vesting service.
Disability	
• Eligibility	At any age, provided the employee has completed 15 years of vesting service and retires because of total and permanent disability.

Schedule SB, Part V— Summary of Plan Provisions

• Benefit	The employee's accrued benefit, commencing on the first day of the month coinciding with or next following retirement, payable for life.
Pre-retirement death	
• Eligibility	At any age, provided the employee has completed 5 years of vesting service.
• Benefit	a) The surviving spouse of an active or inactive participant who dies after satisfying the requirements for Early, Normal, Delayed or Disability Retirement, and who had not begun receiving benefit payments, shall be entitled to a death benefit. The amount of benefit payable to the surviving spouse shall be a monthly benefit equal to 50% of the amount that would have been payable to the participant had he retired on his date of death and elected to receive a Qualified Joint and Fifty Percent (50%) Survivor benefit. The minimum benefit payable to the surviving spouse of an employee shall be the benefit described in (c) below. b) The surviving spouse of an active or inactive participant who dies prior to satisfying the requirements for Early, Normal, Delayed or Disability retirement but after satisfying the requirements for full vesting shall be entitled to a death benefit. The amount of benefit payable to the surviving spouse shall be a monthly benefit equal to the amount that would have been payable if the employee had terminated employment on the date of his death under the Deferred Vested provision of the Plan and had elected to receive the Qualified Joint and Fifty Percent (50%) Survivor benefit. Payments to the spouse begin at the earliest date that the employee would have been eligible to receive payments. The minimum benefit payable to the surviving spouse of an employee, shall be the benefit described in (c) below. c) The surviving beneficiary of a participant who is not married and who dies after satisfying the requirements for full vesting but prior to commencement of benefit payments is entitled to a death benefit. The amount of benefit payable to the surviving beneficiary shall be a single-sum payment equal to the lesser of \$5,000 or the actuarial equivalent of the participant's vested accrued benefit.

Schedule SB, Part V— Summary of Plan Provisions**Post-retirement death**

- | | |
|-----------|---|
| • Benefit | The surviving beneficiary of the participant who dies and elected a single life annuity and payments to the participant have already commenced is entitled to a death benefit equal to the lesser of \$5,000 or one-half of the former Employee's final calendar year Compensation. |
|-----------|---|

Form of benefits

- | | |
|---|---|
| • Automatic form for unmarried participants | Straight Life Annuity |
| • Automatic form for married participants | 50% Joint & Survivor Annuity |
| • Optional forms | 75% Joint & Survivor Annuity
100% Joint & Survivor Annuity
Lump Sum, not to exceed \$50,000 |
| • Optional form conversion factors | For alternate annuity options
Mortality: The 50/50 1994 GAR mortality table projected to 2002
Interest: 7% per annum

For lump sum calculations
Mortality: The applicable mortality table prescribed by Code section 417(e) as it may be modified by the Secretary of the Treasury
Interest: The applicable interest rate prescribed by Code section 417(e) for the second (2nd) month before the beginning of the Plan Year in which the annuity starting date occurs. |

Miscellaneous

- | | |
|------------------------|---|
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2012, this limit no longer applies since benefit accruals ceased December 31, 2008. For 2008, the limit was \$230,000. |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2020, the limit is \$ 230,000. |

Plan Provision Changes Since Prior Valuation

None

Schedule SB, Part V— Summary of Plan Provisions**Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #3, are included in this valuation.

- **Plan amendments excluded:** None
- **IRC Section 436 benefit restrictions:**
 - Unpredictable contingent event benefits: This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - Plan amendments: See above.
 - Prohibited payments: Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - Benefit accruals: The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 65

Ineligible for Unreduced			50% of Population	
Age	Retirement Rate	Lives	Number of Retirements	Age x Number of Retirements
60	10.0000%	1,000.00	100.00	* 6,000
61	10.0000%	900.00	90.00	5,490
62	10.0000%	810.00	81.00	5,022
63	10.0000%	729.00	73.00	4,593
64	10.0000%	656.00	66.00	4,199
65	10.0000%	590.00	59.00	3,838
66	10.0000%	531.00	53.00	3,508
67	10.0000%	478.00	48.00	3,205
68	10.0000%	430.00	43.00	2,927
69	10.0000%	387.00	39.00	2,673
70	100.0000%	349.00	349.00	24,407
			Total	65,862
			Ineligible Average Retirement Age	65.86

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Eligible for Unreduced			50% of Population	
Age	Retirement Rate	Lives	Number of Retirements	Age X Number of Retirements
60	0.0000%	1,000.00	0.00	0.00
61	0.0000%	1,000.00	0.00	0.00
62	10.0000%	1,000.00	100.00	6,200.00
63	15.0000%	900.00	135.00	8,505.00
64	50.0000%	765.00	383.00	24,480.00
65	50.0000%	383.00	191.00	12,431.00
66	50.0000%	191.00	96.00	6,311.00
67	50.0000%	96.00	48.00	3,203.00
68	50.0000%	48.00	24.00	1,626.00
69	50.0000%	24.00	12.00	825.00
70	100.0000%	12.00	12.00	837.00
			Total	64,418
			Eligible Average Retirement Age:	64.42

Weighted Average Retirement Age:

$$\begin{array}{rcl}
 & 65.86 \times 50\% = & 32.93 \\
 + & 64.42 \times 50\% = & 32.23 \\
 & \text{Total:} & 65.16
 \end{array}$$

Note: The additional percentages of employees expected to retire at ages 63, 64 and 65 due to first meeting eligibility for unreduced retirement at those ages are minimal; thus they are not separately grouped for ease of calculation.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34		1									1
35–39		3	4	1							8
40–44		2	7	6							15
45–49		4	13	5	5						27
50–54		6	18	3	7	3					37
55–59		9	19	9		4	4				45
60–64		4	27	9	6	4	4	5	1		60
65–69		3	18	3	3		1	2	1		31
70 & up			9	3		1	1				14
Total		32	115	39	21	12	10	7	2		238

In each cell, the top number is the count of active participants for each age/service combination. Frozen benefits are not shown for plans with less than 1,000 active participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**ACTUARIAL ASSUMPTIONS FOR JANUARY 1, 2020 FUNDING VALUATION****DISCOUNT RATE SPONSOR ELECTIONS**

- Segment rates or full yield curve Segment
- Look-back months 0

	<u>Stabilized</u>	<u>Nonstabilized</u>
• First 5 years	3.64%	2.77%
• Next 15 years	5.21%	3.83%
• Over 20 years	5.94%	4.28%

Mortality sponsor elections

- Healthy participants Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables, with improvement beyond 2006 removed, and projected from 2006 with mortality improvement based on the IRS methodology and projection scale MP-2018.
- Disabled participants Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits.

Other economic assumptions

• Salary increases	Not applicable
• Flat-dollar benefit increases	Not applicable
• Social Security wage base	Not applicable
• Inflation	Not applicable
• Expected investment return	5.17% per year for 2020, 5.90% per year for 2019 and 6.00% per year for 2018
• Expenses	\$130,000

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**RATIONALE FOR ECONOMIC ASSUMPTIONS**

- Discount rate for Funding – Prescribed assumption by the IRS.
- Mortality for Funding – Prescribed assumption by the IRS.
- Expected investment return – The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan's current 70% equities / 30% fixed income asset mix, adjusted for current market conditions, and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook. The expected return on assets assumption is net of an adjustment of 11 bps for investment expenses assumed to be paid from plan assets.
- Expenses – The expense load is the prior year administrative expenses net of prior year PBGC premium, plus current year estimated PBGC premium, rounded to the nearest \$10,000.

DEMOGRAPHIC ASSUMPTIONS

• Withdrawal	200% of the Basic Age Table of the 2003 SOA Pension Plan Turnover Study. See table of sample rates.	
• Disability incidence	1985 Class 1 sex distinct mortality table. See table of sample rates. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.	
• Retirement age	Determined by age when participant will complete 30 years of vesting service. See table of sample rates.	
• Benefit commencement age for		
– Future vested deferred	65	
– Current vested deferred	65	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
– Percentage married	100%	100%
– Spouse age difference	3 years younger	3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Form of payment	Single life	50% J&S
• Active retirements	100%	0%
• Future vested deferred	100%	0%
• Future disabilities	100%	0%
• Future deaths	0%	100%
• Current vested deferred	100%	0%
Unpredictable contingent event assumptions	Not applicable	

Table of Sample Rates

ATTAINED AGE	PERCENTAGE					
	WITHDRAWAL		DISABILITY		DISABLED MORTALITY	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
20	34.920%	34.920%	0.029%	0.030%	2.458%	0.965%
25	37.020	37.020	0.038	0.047	2.746	1.197
30	24.380	24.380	0.048	0.080	3.066	1.484
35	17.560	17.560	0.069	0.136	3.418	1.765
40	14.000	14.000	0.117	0.211	3.837	2.058
45	12.420	12.420	0.202	0.323	4.303	2.399
50	11.260	11.260	0.358	0.533	4.800	2.796
55	5.840	5.840	0.722	0.952	5.312	3.259
60	4.400	4.400	1.256	1.159	5.812	3.799
65	0.000	0.000	1.753	1.358	6.367	4.429

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

RETIREMENT RATES					
ATTAINED AGE	SERVICE GREATER THAN 15 YEARS AND LESS THAN 30 YEARS	AGE AT WHICH 30 YEARS OF VESTING SERVICE COMPLETED			
		62 OR BEFORE	63	64	65 OR LATER
60	10%	—	—	—	—
61	10	—	—	—	—
62	10	10%	—	—	—
63	10	15	15%	—	—
64	10	50	50	50%	—
65	10	50	50	50	50%
66	10	50	50	50	50
67	10	50	50	50	50
68	10	50	50	50	50
69	10	50	50	50	50
70	100	100	100	100	100

RATIONALE FOR DEMOGRAPHIC ASSUMPTIONS

- Withdrawal – The termination table is 200% of the Basic Age Table of the 2003 SOA Pension Plan Turnover Study. Annual review of the experience has shown that this table produced a reasonable approximation of the rates of termination experienced by the plan.
- Retirement age – Experience study was performed in 2016 using data from 2011 – 2016. The assumption is reviewed annually for reasonability.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**ACTUARIAL METHODS FOR FUNDING****Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, line 24 — Change in Actuarial Assumptions

ACTUARIAL ASSUMPTION CHANGES SINCE PRIOR VALUATION

- Interest discounts and mortality rates were updated from 2019 to 2020 in accordance with PPA.
- The expense component of normal cost decreased from \$280,000 to \$130,000 to reflect our expectations for the current plan year.

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 1510-0110 2020 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ 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 REPLACEMENT PARTS, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF REPLACEMENT PARTS, INC.	D Employer Identification Number (EIN) 71-0681030

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>2020</u>																				
2	Assets:																				
	<table style="width: 100%;"> <tr> <td style="width: 70%;">a Market value</td> <td style="width: 10%; text-align: center;">2a</td> <td style="width: 20%; text-align: right;">52,575,376</td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">48,223,019</td> </tr> </table>	a Market value	2a	52,575,376	b Actuarial value	2b	48,223,019														
a Market value	2a	52,575,376																			
b Actuarial value	2b	48,223,019																			
3	Funding target/participant count breakdown																				
	<table style="width: 100%;"> <tr> <th style="width: 50%;"></th> <th style="width: 15%; text-align: center;">(1) Number of participants</th> <th style="width: 20%; text-align: center;">(2) Vested Funding Target</th> <th style="width: 15%; text-align: center;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment</td> <td style="text-align: center;">292</td> <td style="text-align: right;">24,592,024</td> <td style="text-align: right;">24,592,024</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">95</td> <td style="text-align: right;">2,255,267</td> <td style="text-align: right;">2,255,267</td> </tr> <tr> <td>c For active participants</td> <td style="text-align: center;">238</td> <td style="text-align: right;">12,592,557</td> <td style="text-align: right;">12,967,870</td> </tr> <tr> <td>d Total</td> <td style="text-align: center;">625</td> <td style="text-align: right;">39,439,848</td> <td style="text-align: right;">39,815,161</td> </tr> </table>		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment	292	24,592,024	24,592,024	b For terminated vested participants	95	2,255,267	2,255,267	c For active participants	238	12,592,557	12,967,870	d Total	625	39,439,848	39,815,161
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																		
a For retired participants and beneficiaries receiving payment	292	24,592,024	24,592,024																		
b For terminated vested participants	95	2,255,267	2,255,267																		
c For active participants	238	12,592,557	12,967,870																		
d Total	625	39,439,848	39,815,161																		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐																				
	<table style="width: 100%;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 20%;"></td> </tr> <tr> <td>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</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>	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															
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 <u>5.28%</u>																				
6	Target normal cost <u>130,000</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>KPS</u> Signature of actuary	<u>7/28/2021</u> Date
	KRISTY STEWART Type or print name of actuary	2007482 Most recent enrollment number
	MERCER Firm name	901-684-3682 Telephone number (including area code)
	6410 POPLAR AVENUE STE. 540 MEMPHIS TN 38119 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) 2020 v. 200204

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	6,921,939
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		628,472
9 Amount remaining (line 7 minus line 8)	0	6,293,462
10 Interest on line 9 using prior year's actual return of <u>25.22%</u>	0	1,587,211
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		16
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>5.42%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		4
c Total available at beginning of current plan year to add to prefunding balance.....		20
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	7,880,673

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

14	Funding target attainment percentage	14	101.32%
15	Adjusted funding target attainment percentage	15	121.11%
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	93.60%
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
			Totals ►	18(b)	0 18(c)

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	0

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

Report on the operations of the company for the year ending			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	130,000	
b Excess assets, if applicable, but not greater than line 31a	31b	130,000	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a + 31b + 32a + 32b + 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 18c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:		
a Schedule elected	☐ 2 plus 7 years ☒ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☐ 2011	

REPLACEMENT PARTS, INC. PENSION PLAN**EIN: 71-0681050 PLAN: 001****SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2020**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money Market Funds:				
	Black Rock Liquidity Funds T-Fund	Federated Treasury Obligations	<u>\$ 790,001</u>	<u>\$ 790,001</u>
Total Investments			<u>\$ 790,001</u>	<u>\$ 790,001</u>

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE M, LINE 4] - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity, in Case of Loan)	Purchase Price	Selling Price	Lease Benefit	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Replacement Parts, Inc. Pension Plan	BMO Capital Markets Corp. U. S. Treasury Note/Bond 2.375%	N/A	\$ 3,090,835	N/A	N/A	\$ 3,031,768	N/A	\$ 58,867
Replacement Parts, Inc. Pension Plan	BMO Capital Markets Corp. U. S. Treasury Note/Bond 1.5%	N/A	\$ 3,577,039	N/A	N/A	\$ 3,491,840	N/A	\$ 85,199
Replacement Parts, Inc. Pension Plan	J.P. Morgan Securities U.S. Treasury Note/ Bond 2.25%	N/A	\$ 3,922,324	N/A	N/A	\$ 3,877,559	N/A	\$ 44,766
Replacement Parts, Inc. Pension Plan	Morgan Stanley and Co., LLC U.S. Treasury Note/ Bond 1.625%	N/A	\$ 2,658,887	N/A	N/A	\$ 2,593,359	N/A	\$ 65,527
Replacement Parts, Inc. Pension Plan	Morgan Stanley and Co., LLC U.S. Treasury Note/ Bond 1.75%	N/A	\$ 2,686,621	N/A	N/A	\$ 2,621,045	N/A	\$ 65,576
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 4,897,441	N/A	N/A	\$ 4,897,441	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 10,885,877	N/A	N/A	\$ 10,885,877	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,080,836	N/A	N/A	\$ 3,080,836	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,893,799	N/A	N/A	\$ 3,893,799	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 14,185,755	N/A	N/A	\$ 14,185,755	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 33,877,797	N/A	N/A	\$ 33,877,797	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,487,283	N/A	N/A	\$ 3,487,283	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 35,507,735	N/A	N/A	N/A	N/A	\$ 35,507,735	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 4,307,085	N/A	N/A	N/A	N/A	\$ 4,307,085	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 24,481,662	N/A	N/A	N/A	N/A	\$ 24,481,662	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 5,345,508	N/A	N/A	N/A	N/A	\$ 5,345,508	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 3,946,720	N/A	N/A	N/A	N/A	\$ 3,946,720	N/A

REPLACEMENT PARTS, INC. PENSION PLAN

EIN: 71-0681030 PLAN: 001

SCHEDULE H, LINE 4] - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2020

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity, in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Replacement Parts, Inc. Pension Plan	BMO Capital Markets Corp. U. S. Treasury Note/Bond 2.375%	N/A	\$ 3,090,635	N/A	N/A	\$ 3,031,768	N/A	\$ 58,867
Replacement Parts, Inc. Pension Plan	BMO Capital Markets Corp. U. S. Treasury Note/Bond 1.5%	N/A	\$ 3,577,039	N/A	N/A	\$ 3,491,840	N/A	\$ 85,199
Replacement Parts, Inc. Pension Plan	J.P. Morgan Securities U.S. Treasury Note/ Bond 2.25%	N/A	\$ 3,922,324	N/A	N/A	\$ 3,877,559	N/A	\$ 44,766
Replacement Parts, Inc. Pension Plan	Morgan Stanley and Co., LLC U.S. Treasury Note/ Bond 1.625%	N/A	\$ 2,658,887	N/A	N/A	\$ 2,593,359	N/A	\$ 65,527
Replacement Parts, Inc. Pension Plan	Morgan Stanley and Co., LLC U.S. Treasury Note/ Bond 1.75%	N/A	\$ 2,686,621	N/A	N/A	\$ 2,621,045	N/A	\$ 65,576
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 4,897,441	N/A	N/A	\$ 4,897,441	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 10,885,877	N/A	N/A	\$ 10,885,877	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,080,836	N/A	N/A	\$ 3,080,836	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,893,799	N/A	N/A	\$ 3,893,799	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 14,185,755	N/A	N/A	\$ 14,185,755	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 33,877,797	N/A	N/A	\$ 33,877,797	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	N/A	\$ 3,487,283	N/A	N/A	\$ 3,487,283	N/A	\$ -
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 35,507,735	N/A	N/A	N/A	N/A	\$ 35,507,735	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 4,307,085	N/A	N/A	N/A	N/A	\$ 4,307,085	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 24,481,662	N/A	N/A	N/A	N/A	\$ 24,481,662	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 5,345,508	N/A	N/A	N/A	N/A	\$ 5,345,508	N/A
Replacement Parts, Inc. Pension Plan	BlackRock Liquidity Funds	\$ 3,946,720	N/A	N/A	N/A	N/A	\$ 3,946,720	N/A

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 2020 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ 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 REPLACEMENT PARTS, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF REPLACEMENT PARTS, INC.	D Employer Identification Number (EIN) 71-0681030	
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>2020</u>		
2	Assets:		
	a Market value	2a	52,575,376
	b Actuarial value	2b	48,223,019
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	292	24,592,024
	b For terminated vested participants	95	2,255,267
	c For active participants	238	12,592,557
	d Total	625	39,439,848
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	5.28%
6	Target normal cost	6	130,000

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	KPS Signature of actuary KRISTY STEWART Type or print name of actuary MERCER Firm name 6410 POPLAR AVENUE STE. 540 MEMPHIS TN 38119 Address of the firm	7/28/2021 Date 2007482 Most recent enrollment number 901-684-3682 Telephone number (including area code)
------------------	---	---

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) 2020
v. 200204

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

21 Discount rate:			
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	130,000
b Excess assets, if applicable, but not greater than line 31a		31b	130,000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39		0
40 Unpaid minimum required contributions for all years	40		0

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☒ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☐ 2011