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 6047(e), 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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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); or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOMERSET TIRE SERVICE EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1984

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
SOMERSET TIRE SERVICE, INC.

1 STS DRIVE
BUILDING NO. 1
BRIDGEWATER, NJ 08807-5936

2b Employer Identification Number (EIN)
22-1617798

2c Plan Sponsor's telephone number
732-356-8500

2d Business code (see instructions)
811190

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	HENRY TRANI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor

SOMERSET TIRE SERVICE, INC.

1 STS DRIVE
BUILDING NO. 1
BRIDGEWATER, NJ 08807-5936

3b Administrator's EIN: 22-1617798

3c Administrator's telephone number: 732-356-8500

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1573
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1156
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	985
b	Retired or separated participants receiving benefits	**6b**	67
c	Other retired or separated participants entitled to future benefits	**6c**	381
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1433
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**.	**6f**	1438
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1438
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	135
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:
2P 2I 2Q

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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SOMERSET TIRE SERVICE EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SOMERSET TIRE SERVICE, INC.

D Employer Identification Number (EIN)
22-1617798

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

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

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

MENKE & ASSOCIATES, INC.

255 CALIFORNIA STREET
10TH FLOOR
SAN FRANCISCO, CA 94111-4916

(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?
13	NONE	39936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PA CAPITAL ADVISORS

114 CONWAY AVENUE
NARPETH, PA 19072-2202

(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?
34	NONE	15114	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

06-6379101

(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	NONE	32927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SOMERSET TIRE SERVICE EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SOMERSET TIRE SERVICE, INC.

D Employer Identification Number (EIN)
22-1617798

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		5000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	177758	31670
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4693827	5597450
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	901129	968805
(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)	6574511	6707537
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1353182	1338423

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	118110208	125281920
(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	131810615	144925805
Liabilities			
g Benefit claims payable	1g	8520322	9935412
h Operating payables	1h		5000000
i Acquisition indebtedness	1i	9959082	4067474
j Other liabilities	1j	23442	19772
k Total liabilities (add all amounts in lines 1g through1j)	1k	18502846	19022658
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	113307769	125903147

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)	6192000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6192000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	321	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	3185	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	80649	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		84155
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	431572	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	118279	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		549851
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	20131454	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20143099	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-11645
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	15479796	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		15479796

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		22294157
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7490226	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	1415090	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8905316
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		705486
i Administrative expenses: **(1)** Professional fees	2i(1)	15114	
(2) Contract administrator fees	2i(2)	39936	
(3) Investment advisory and management fees	2i(3)	32927	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		87977
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9698779
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		12595378
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WITHUM, SMITH & BROWN **(2)** EIN: 22-2027092

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:

		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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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 section 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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SOMERSET TIRE SERVICE EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SOMERSET TIRE SERVICE, INC.

D Employer Identification Number (EIN)
22-1617798

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 22-3321556 _____

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 of 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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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):

SOMERSET TIRE SERVICE, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Financial Statements

December 31, 2014 and 2013

With Independent Auditors' Report

Somerset Tire Service, Inc. Employee Stock Ownership Plan
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December 31, 2014 and 2013

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Colorado and Grand Cayman

Independent Auditors' Report

Somerset Tire Service, Inc.
The Employee Stock Ownership Plan Committee:

We have audited the accompanying financial statements of Somerset Tire Service, Inc. (the "Company") Employee Stock Ownership Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of the 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of Somerset Tire Service, Inc. Employee Stock Ownership Plan as of December 31, 2014 and 2013, and the changes in net assets available for plan benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions as of and for the year ended December 31, 2014 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Red Bank, NJ
October 13, 2015

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2014 and 2013

	2014			2013		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Assets						
Cash and certificates of deposit	$ 5,597,450	$ -	$ 5,597,450	$ 4,693,827	$ -	$ 4,693,827
Other investments	9,014,765	-	9,014,765	8,828,822	-	8,828,822
Employer contribution receivable (see note 11)	5,000,000		5,000,000			
Accrued interest receivable	20,359	-	20,359	24,834	-	24,834
Accrued dividend receivable	11,311	-	11,311	22,574	-	22,574
Due from plan sponsor for securites sold	-	-	-	130,350	-	130,350
Investment in Somerset Tire Service, Inc. common stock at fair value	121,147,440	4,134,480	125,281,920	103,555,906	14,554,302	118,110,208
Total assets	140,791,325	4,134,480	144,925,805	117,256,313	14,554,302	131,810,615
Liabilities						
Due to plan sponsor (see note 11)	5,000,000		5,000,000			
Interest payable	-	19,772	19,772	-	23,442	23,442
Loans payable	-	4,067,474	4,067,474	-	9,959,082	9,959,082
	5,000,000	4,087,246	9,087,246	-	9,982,524	9,982,524
Net assets available for plan benefits	$ 135,791,325	$ 47,234	$ 135,838,559	$ 117,256,313	$ 4,571,778	$ 121,828,091

The Notes to Financial Statements are an integral part of these statements.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Statements of Changes in Net Assets Available for Plan Benefits
Years Ended December 31, 2014 and 2013

	2014			2013		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Additions to net assets						
Net appreciation in fair value of investments	$ 14,443,929	$ 503,328	$ 14,947,257	$ 10,112,800	$ 1,376,174	$ 11,488,974
Interest income	164,923	-	164,923	186,133	-	186,133
Dividends and capital gain distributions	581,449	408,528	989,977	406,614	1,023,232	1,429,846
Contributions	-	6,192,000	6,192,000	-	991,000	991,000
Allocation of 54,075 in 2014 and 17,539 in 2013 shares of common stock of STS, Inc. at market	10,922,914	(10,922,914)	-	3,208,031	(3,208,031)	-
Total additions	26,113,215	(3,819,058)	22,294,157	13,913,578	182,375	14,095,953
Deductions from net assets						
Interest expense	-	705,486	705,486	-	796,860	796,860
Distributions to participants	7,490,226	-	7,490,226	5,427,601	-	5,427,601
Administrative expenses	87,977	-	87,977	78,925	-	78,925
Total deductions	7,578,203	705,486	8,283,689	5,506,526	796,860	6,303,386
Change in net assets	18,535,012	(4,524,544)	14,010,468	8,407,052	(614,485)	7,792,567
Net assets available for plan benefits						
Beginning of year	117,256,313	4,571,778	121,828,091	108,849,261	5,186,263	114,035,524
End of year	$ 135,791,325	$ 47,234	$ 135,838,559	$ 117,256,313	$ 4,571,778	$ 121,828,091

The Notes to Financial Statements are an integral part of these statements.

1. Description of Plan and Basis of Presentation

The following description of the Somerset Tire Service, Inc. Employee Stock Ownership Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Somerset Tire Service, Inc. (the "Company") established the Plan effective as of January 1, 1984. The Plan operates as a leveraged employee stock ownership plan ("ESOP") and is designed to comply with Section 4975(e)(7), and the regulations thereunder, of the Internal Revenue Code of 1986, as amended ("Code") and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is administered by an ESOP committee appointed by the Board of Directors of Somerset Tire Service, Inc. The trust department of Bank of America, NA is the Plan's Asset Custodian ("Custodian").

The Plan purchased Company common shares using the proceeds of bank or Company borrowings (see note 5), guaranteed by the Company, and holds the stock in trusts established under the Plan. The borrowings are to be repaid over fifteen years by fully deductible Company contributions and dividends to the trust fund. As the Plan makes each payment of principal, an appropriate percentage of stock will be allocated to eligible employees' accounts in accordance with applicable regulations under the Code. The Plan was amended in 2010 in order to revise the vesting schedule to be in accordance with the Pension Protection Act of 2006. The Plan amendment, known as the "PPA '06 Amendment" was effected on December 5, 2007 to amend the vesting period for participants having at least one hour of service under the Plan beginning on January 1, 2007. As a result of the PPA '06 Amendment, allocated shares become vested as follows:

Years of Service	Percentage Vested
Less than two years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Employees who became participants prior to December 31, 2006 did not become 20% vested until completing three years of service and employees who became participants prior to December 31, 1988 became 30% vested after three years of service.

The borrowings are collateralized by the unallocated shares of stock and are guaranteed by Somerset Tire Service, Inc. The lenders have no rights against shares once they are allocated under the ESOP.

Accordingly, the financial statements of the Plan for the years of 2014 and 2013 present, separately, the assets and liabilities and changes therein pertaining to:

1. The accounts of employees with vested and non-vested rights in allocated stock ("Allocated") and

2. Stock not yet allocated to employees ("Unallocated").

Employees of the Company and its participating subsidiaries are eligible to participate in the Plan as of the first day of the Plan year (January 1) in which 1,000 hours of service is completed, provided the participant is still an employee at the end of the Plan year.

Forfeitures of terminated non-vested account balances are allocated to active participants based upon the relation of the participant's compensation to total compensation for the Plan year.

No distributions from the Plan will be made until a participant retires, dies (in which case, payment shall be made to his or her beneficiary or, if none, his or her legal representatives), or otherwise terminates employment with the Company and its participating subsidiaries.

Distributions will be made in accordance with Amendment Number 1 to the Plan, dated September 11, 1996. In the event a participant terminates employment for reasons other than death, disability or retirement, the participant's vested plan benefits, if in excess of $7,500, will generally be distributed in substantially equal installments over a period of five years. In addition, in accordance with Amendment Number 2 to the Plan, dated March 28, 2005, the distribution of a participant's vested account balance under $1,000 will be distributed without the written consent of the participant. Amendment Number 3 to the Plan, dated November 21, 2008, states that effective January 1, 2009, a participant's vested plan benefits of less than $15,000 will be paid to eligible terminated participants as a lump sum distribution. Any participant account balance over $15,000 will be paid in installments over a period of five years. In addition, Qualified Domestic Relations Orders (QDRO) whose amounts are more than $15,000 will be paid out over five years.

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 with at least ten years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each participant over a six year period. In each of the first five years, a participant may diversify up to 25% of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify receive a cash distribution.

Under Federal income tax regulations, the employer stock that is held by the Plan and its participants includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants. The Company can pay for the purchase in a single payment or over a period of five years with interest.

All Company shares held in trust for the Plan are voted by the trustee in accordance with instructions from the ESOP committee and with respect to any matter which under state law or corporate charter requires a majority vote. Each participant is entitled to direct the voting of shares of Company stock with respect to any matter, which by state law or corporate charter must be decided by a majority of outstanding shares voted.

The Company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon such termination of the Plan, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the Code.

Upon termination of the Plan, the ESOP committee shall direct the trustee to pay all liabilities and expenses of the trust fund and to sell shares of financed stock held in the unallocated investment account to the extent it determines such sales to be necessary in order to repay the loans.

In addition, see note 11.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting with the exception of the benefit payments (see below).

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability between market participants at the measurement date. See note 4 for further discussion of fair value measurements.

Cash and cash equivalents include cash in the bank as well as all certificates of deposit and U.S. treasury bills and government obligations. At times such investments may be in excess of the FDIC insurance limits.

Other investments consist of common stocks, municipal bonds and mutual funds.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized gains and losses from security transactions are reported based on the average cost of the underlying securities.

Payment of Benefits

Benefits are recorded when paid.

3. Investments

The Plan's investments, at December 31, 2014 and 2013 are presented in the following table:

	2014		2013	
	Allocated	Unallocated	Allocated	Unallocated
STS common shares:				
# of shares	526,728	17,976	512,653	72,051
Cost	$ 21,213,395	$ 3,086,479	$ 16,809,151	$ 8,758,900
Appraised value	121,147,440	4,134,480	103,555,906	14,554,302
Certificates of deposit:				
Cost	3,095,000	-	4,324,287	-
Quoted market value	3,093,067	-	4,323,887	-
Cash and money market funds:				
Cost	525,213	-	326,685	-
Quoted market value	525,213	-	326,685	-
U.S. treasury bills and Government Obligations:				
Cost	1,979,170	-	43,255	-
Quoted market value	1,979,170	-	43,255	-
Common stocks:				
Cost	722,716	-	689,763	-
Quoted market value	968,805	-	901,129	-
Municipal Bonds:				
Cost	1,277,008	-	1,277,008	-
Quoted market value	1,338,423	-	1,353,183	-
Mutual funds - fixed income:				
Cost	2,483,613	-	2,208,153	-
Quoted market value	2,466,918	-	2,152,599	-
Mutual funds - equity:				
Cost	2,477,595	-	2,397,595	-
Quoted market value	2,854,662	-	3,150,875	-
Mutual funds - balanced:				
Cost	380,000	-	380,000	-
Quoted market value	313,166	-	339,893	-
Mutual funds - other:				
Cost	954,464	-	850,995	-
Quoted market value	1,072,791	-	931,143	-
Total:				
Cost	35,108,174	3,086,479	29,306,892	8,758,900
Appraised and market value	$ 135,759,655	$ 4,134,480	$ 117,078,555	$ 14,554,302

Included in net appreciation are unrealized and realized gains on the appreciation and sale of STS stock of $15,251,712 and $11,167,846 as of December 31, 2014 and 2013, respectively.

Included in net appreciation are unrealized and realized gains (losses) on the appreciation (depreciation) of certificates of deposit, common stocks, municipal bonds and mutual funds of $(304,455) and $321,128 as of December 31, 2014 and 2013, respectively.

4. Fair Value Measurements

Pursuant to the requirements of SFAS 157, the Company has provided fair value disclosure information for relevant assets and liabilities in these financial statements.

For applicable assets and liabilities subject to this pronouncement, the Company will value such assets and liabilities using quoted market prices in active markets for identical assets and liabilities to the extent possible. To the extent that such market prices are not available, the Company will next attempt to value such assets and liabilities using observable measurement criteria, including quoted market prices of similar assets and liabilities in active and inactive markets and other corroborated factors. In the event that quoted market prices in active markets and other observable measurement criteria are not available, the Company will develop measurement criteria based on the best information available.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value.

The common shares of Somerset Tire Service, Inc. are valued at fair value. Fair value is determined by an independent appraisal. This appraisal was based upon a combination of market and income valuation techniques and is consistent with prior years. The appraiser considered historical and projected cash flow and net income, return on assets, return on equity, market comparables and estimated fair value of the Company's assets and liabilities. Plan management has concluded that a market participant would also recognize a discount for lack of marketability.

Certificates of deposit are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

Money market funds, U.S treasury bills and government securities, common stocks and preferred stocks are valued at the closing price reported on the active markets on which the securities are traded.

Municipal bonds are 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.

Mutual funds are valued at the net asset value (“NAV”) of shares held by the plan at year end.

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

The following summarizes assets which have been accounted for at fair value on a recurring basis as of December 31, 2014 and 2013:

		Basis for Valuation		
	Total	Quoted Prices in Active Markets	Observable Measurement Criteria	Unobservable Measurement Criteria
Plan Year Ended December 31, 2014				
STS common shares	$ 125,281,920	$ -	$ -	$ 125,281,920
Certificates of deposit	3,093,067	-	3,093,067	-
Cash and money market funds	525,213	525,213	-	-
U.S. treasury bills and government obligations	1,979,170	1,979,170	-	-
Common stocks:				
Consumer discretionary	74,663	74,663	-	-
Consumer staples	173,935	173,935	-	-
Energy	133,261	133,261	-	-
Financials	156,660	156,660	-	-
Health Care	106,194	106,194	-	-
Industrials	135,364	135,364	-	-
Information technology	188,728	188,728	-	-
Total common stocks	968,805	968,805	-	-
Municipal bonds	1,338,423	-	1,338,423	-
Mutual funds:			-	-
Fixed Income	2,466,918	2,466,918	-	-
Equity	2,854,662	2,854,662	-	-
Balanced	313,166	313,166	-	-
Other	1,072,791	1,072,791	-	-
Total mutual funds	6,707,537	6,707,537	-	-
	$ 139,894,135	$ 10,180,725	$ 4,431,490	$ 125,281,920
Plan Year Ended December 31, 2013				
STS common shares	$ 118,110,208	$ -	$ -	$ 118,110,208
Certificates of deposit	4,323,887	-	4,323,887	-
Cash and money market funds	326,685	326,685	-	-
U.S. treasury bills and government obligations	43,255	43,255	-	-
Common stocks:				
Consumer discretionary	73,017	73,017	-	-
Consumer staples	167,993	167,993	-	-
Energy	125,498	125,498	-	-
Financials	92,367	92,367	-	-
Health Care	94,855	94,855	-	-
Industrials	121,048	121,048	-	-
Information technology	226,351	226,351	-	-
Total common stocks	901,129	901,129	-	-
Municipal Bonds	1,353,183	-	1,353,183	-
Mutual funds:			-	-
Fixed Income	2,152,599	2,152,599	-	-
Equity	3,150,875	3,150,875	-	-
Balanced	339,893	339,893	-	-
Other	931,143	931,143	-	-
Total mutual funds	6,574,510	6,574,510	-	-
	$ 131,632,857	$ 7,845,579	$ 5,677,070	$ 118,110,208

The following is a summary of activity for the years ended December 31, 2014 and 2013 for assets (liabilities) measured at fair value based on unobservable measure criteria:

	2014	2013
Balance, beginning of year	$ 118,110,208	$ 111,514,862
Unrealized and realized gain	15,251,712	11,167,846
Sales	(8,080,000)	(4,572,500)
Purchases	--	--
Balance, end of year	$ 125,281,920	$ 118,110,208

5. Loans Payable

In 2012, the Plan borrowed $7,039,700 from the Company to purchase 41,000 shares of the Company's common stock. The loan is for a period of 15 years bearing a fixed interest rate of 7.0%.

In 2006, the Plan borrowed $2,782,107 from the Company to purchase 29,883 shares of the Company's common stock. The loan is for a period of 15 years bearing a fixed interest rate of 8.0%.

In 2001, the Plan borrowed $4,727,759 from the Company to purchase 97,279 shares of the Company's common stock. The loan is for a period of 15 years bearing a fixed interest rate of 6.5%.

As of December 31, 2014 and 2013, the Plan had total loans payable to the Company of $4,067,474 and $9,959,082, respectively. During 2015, the Company will contribute an amount to the Plan to satisfy the remaining loans payable, see note 11.

6. Related Party Transactions

The Company is obligated to make contributions in cash to the Plan, sufficient to cover principal and interest payments on its loans, provided that it does not exceed the maximum amounts deductible under the appropriate sections of the Code. Dividends received by the Plan during 2014 and 2013 were not sufficient to cover the debt service, as a result, contributions of $6,192,000 and $991,000 were made to the Plan for the years ended December 31, 2014 and 2013, respectively.

In order to fund required distributions to employees, the Company purchases allocated shares from the Plan at the transaction date fair market value. In 2014, the Company purchased 40,000 shares for an aggregate of $8,080,000 and in 2013 the Company purchased 25,000 shares for an aggregate of $4,572,500.

7. Income Tax Status

The Plan obtained its latest determination letter on September 10, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for federal income tax has been made in the Plan's financial statements.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress. In addition, there have been no tax related interest or penalties for periods presented in these financial statements.

8. Administration of Plan Assets

The Plan's assets, which consist principally of Somerset Tire Service, Inc. common shares, are held by the Custodian of the Plan.

Company contributions are held and managed by the Custodian, which invests cash received, interest and dividend income and makes distributions to participants. The Custodian also administers the payment of principal and interest of the loans, which are funded through contributions and dividends as determined by the Company.

Certain administrative functions are performed by officers or employees of the Company or its subsidiaries. No such officer or employee receives compensation from the Plan. Except for investment, custodian and other related administrative fees, all administrative expenses are paid by the Company.

9. Risks and Uncertainties

The Plan invests in various investment securities. All investment securities are exposed to some type of risk, including, but not limited to, exposure to changes in interest rates, market fluctuations, economic conditions and currency devaluation. Due to the level of risk associated with certain investment securities, it is possible that changes in near term risk factors could materially affect participants' account balances and the amounts reported in the statement of net assets for benefits and the statement of changes in net assets available for benefits.

10. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2014 and 2013 to Schedule H of Form 5500:

	2014	2013
Net assets available for plan benefits per the financial statements	$ 135,838,559	$ 121,828,091
Benefits payable	(9,935,412)	(8,520,322)
Net assets available for plan benefits per Schedule H to the Form 5500	$ 125,903,147	$ 113,307,769

The following is a reconciliation of benefit payments per the financial statements for the year ended December 31, 2014 to Schedule H of Form 5500:

Benefit payments	$ 7,490,226
Plus: Benefits payable at December 31, 2014	9,935,412
Less: Benefits payable at December 31, 2013	(8,520,322)
Benefit payments per Schedule H of Form 5500	$ 8,905,316

Benefit payments are recorded on Schedule H of Form 5500 under the accrual method of accounting whereas the financial statements are recorded on the cash method.

11. Subsequent Events

Subsequent events were evaluated through October 13, 2015, which is the date the financial statements were available to be issued. Based on that evaluation, the Plan has determined that the following subsequent event requiring disclosure has occurred:

On June 26, 2015, the Company entered into a stock purchase agreement pursuant to which the Plan's Trustee will sell, convey and transfer all of the outstanding shares of capital stock of the Company to the purchaser in exchange for consideration as provided for in the stock purchase agreement. As a result of the sale, the Plan will cease to be an employee stock ownership plan effectively immediately after the closing date and the Plan shall be solely a profit sharing plan. Prior to the closing date, the Plan had loans payable due to the Company in the amount of $9,067,474. An additional 2014 contribution in the amount of $5,000,000 was approved by the Company to the Plan in partial satisfaction of the loans payable which has been properly reflected in the accompanying financial statements Prior to the Plan year ending December 31, 2015, the Company will contribute the remaining dollar amount necessary to satisfy the residual outstanding loans payable balance.

As a result of the sale of the Company the following Plan amendments were adopted:

- Participants in the Plan will share in the allocations as described in note 1 if the participant was an active employee on June 30, 2015 and completed at least 500 hours of service during the period from January 1, 2015 through June 30, 2015. The allocations will be allocated in accordance with the revised Plan agreement.

- If a participant has incurred a break-in-service and has not received a cash out distribution as defined in the revised Plan agreement, the non-vested balance of the participant's accounts shall be allocated as a forfeiture as soon as possible after the close of the Plan year in which the break-in-service occurred.

- The non-vested balance of terminated participants' accounts shall be allocated as a forfeiture as of June 30, 2015.

- Each participant who was a participant in the Plan as of the closing date shall remain a participant in the Plan. Individual accounts will be maintained for all participants and for all former participants who still have an interest in the Plan. Each participant's account will be credited with contributions and Plan earnings and reduced by withdrawals and losses on investments.

- A participant who has terminated may withdraw up to 100% of his or her account in accordance with the revised Plan agreement. A participant who withdraws less than 100% of his or her account may make additional withdraws from his or her account up to 100% of his or her account, from time to time as determined by the Plan.

Supplementary Information

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Employer ID # 22-1617798, Plan Number - 002
Schedule of Assets Held for Investment Purposes – Schedule H – Line 4i
December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Value at 12/31/2014
*	Somerset Tire Service, Inc.	Capital Stock (544,704)	$ 24,299,774	$ 125,281,920
	American Express Centurion	Certficate of Deposit with an interest rate of 0.75% and maturing on 06/27/16	245,000	244,983
	BMW Bank	Certificate of Deposit with an interest rate of 0.60% and maturing on 06/29/15	139,000	139,074
	Bank Hapoalim	Certificate of Deposit with an interest rate of 0.30% and maturing on 06/23/15	127,000	126,923
	Bank Leumi USA	Certificates of Deposit with an interest rate of .80% and maturing on 06/15/2015	245,000	245,779
	Cathay Bank	Certficate of deposit with an interest rate of 1.00% and maturing on 06/28/17	111,000	110,495
	CIT Bank	Certificate of Deposit with an interest rate of 0.95% and maturing on 06/26/17	245,000	243,844
	Doral Bank Catano Puerto Rico	Certificate of Deposit with an interest rate of 0.55% and maturing on 06/29/15	245,000	245,130
	FirstBank Puerto Rico	Certificates of Deposit with interest rates of 1.05 - 1.25% and maturing from 06/15/16 - 06/21/17	245,000	244,397
	GE Money Bank	Certificate of Deposit with an interest rate of 1.65% and maturing on 07/15/15	54,000	54,325
	GE Capital Bank	Certificate of Deposit with an interest rate of 1.10% and maturing on 06/15/15	40,000	40,108
	Goldman Sachs Bank	Certificate of Deposit with an interest rate of 1.30% and maturing on 06/13/16	245,000	246,477
	Medallion Bank	Certificates of Deposit with interest rates of 0.750 - 1.450% and maturing from 06/28/16 - 06/29/18	237,000	235,673
	National Bank	Certificate of Deposit with interest rates of 0.750% and maturing on 12/20/16	127,000	126,403
	North Shore Community Bank	Certificate of Deposit with interest rates of 0.45% and maturing on 06/29/15	195,000	195,113
	Prudential Bank	Certificate of Deposit with an interest rate of 1.000% and maturing on 02/05/15	202,000	202,091
	Rondout Savings Bank	Certficate of Deposit with an interest rate of 0.60% and maturing on 06/27/16	16,000	16,001

See Independent Auditors' Report.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Employer ID # 22-1617798, Plan Number - 002
Schedule of Assets Held for Investment Purposes – Schedule H – Line 4i
December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Value at 12/31/14
	Safra National Bank New York	Certificate of Deposits with an interest rate of 0.70% and maturing on 06/28/16	205,000	204,982
	Sterling Savings Bank	Certificate of Deposit with an interest rate of 0.85% and maturing on 01/04/16	45,000	45,086
	Synchrony Bank	Certificate of Deposit with an interest rate of 1.15% and maturing on 06/20/17	127,000	126,183
*	Bank of America, NA	Cash and Money Market Reserves	525,213	525,213
	United States Treasury	Treasury Obligations	1,979,170	1,979,170
	Artio Global	High Income Fund (21,524)	206,843	198,664
	Artisan	Emerging Mkt. Fund (18,956)	275,000	226,900
	Aston Montag & Caldwell	Growth Fund (5,663)	150,000	143,658
	Columbia	Acorn Select Fund (6,717)	149,342	149,650
	Columbia	Acorn USA Fund (8,820)	183,084	273,687
	Columbia	Mid Cap Value Fund (16,335)	185,400	278,508
	Columbia	Select Large Cap Growth Fund (27,631)	280,460	492,669
	Eaton Vance	Large Cap Value Fund (20,160)	354,309	378,815
	Goldman Sachs Bank	Strategic Income Fund (28,708)	300,000	295,119
	Invesco	International Growth Funds (2,857)	100,000	92,229
	IShares	MSCI Emerging Markets Index (8,200)	239,704	322,178
	Ivy	Asset Strategy Fund (4,167)	100,000	107,250
	Metro West	Total Return Bond (134,178)	1,450,460	1,462,536
	MFS	Total Return Fund (21,622)	400,000	363,027
	Natixis	AEW Real Estate FD (27,457)	402,428	451,938
	Permanent Portfolio	Permanent Portfolio (2,062)	100,000	81,587
	Pimco	All Asset All Auth Fund (25,365)	280,000	231,579
	Pimco	Emerging Market Currencies (13,977)	139,120	129,425
	Pimco	Foreign Bond (35,392)	387,190	381,174
	Prudential	Jennison Mid-Cap Growth Fund (3,013)	100,000	120,610
	SPDR Dow Jones Wilshire	International Real Estate (2,500)	103,470	103,925
	Vanguard	FTSE Developed Markets (2,500)	102,462	94,700
	Vanguard	FTSE Emerging Markets (2,500)	106,400	100,050
	Victory	Small Company Opportunity Fund (5,768)	200,000	227,659

See Independent Auditors' Report.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Employer ID # 22-1617798, Plan Number - 002
Schedule of Assets Held for Investment Purposes – Schedule H – Line 4i
December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Value at 12/31/14
	3M Co.	Common Stock (255)	23,674	41,902
	Accenture PLC	Common Stock (365)	23,066	32,598
	Apple Inc	Common Stock (420)	15,180	46,360
	Automatic Data Processing Inc.	Common Stock (410)	20,724	34,182
	Baxter Intl. Inc.	Common Stock (410)	27,151	30,049
	BB&T Corp.	Common Stock (700)	25,324	27,223
	Blackrock Inc.	Common Stock (100)	20,416	35,756
	BP PLC	Common Stock (500)	20,804	19,060
	California Resources Corp.	Common Stock (158)	1,070	871
	Catepillar Inc.	Common Stock (240)	21,469	21,967
	CDK Global Inc.	Common Stock (136)	2,984	5,543
	Chubb Corp	Common Stock (405)	30,993	41,905
	Cullen/Frost Bankers Inc.	Common Stock (290)	15,854	20,486
	Deere & Co.	Common Stock (305)	26,231	26,983
	Exxon Mobile Corp	Common Stock (535)	47,372	49,461
	Honeywell Intl. Inc.	Common Stock (390)	24,279	38,969
	Johnson & Johnson	Common Stock (325)	22,056	33,985
	J.P. Morgan Chase & Co	Common Stock (500)	28,758	31,290
	Kraft Foods Group Inc.	Common Stock (420)	18,507	26,317
	McDonald's Corp	Common Stock (365)	32,764	34,201
	Mondelez Intl. Inc.	Common Stock (635)	15,466	23,066
	Nestle	Common Stock (425)	27,823	31,202
	Novartis A G	Common Stock (455)	28,913	42,160
	Occidental Pete Corp.	Common Stock (395)	29,633	31,841
	PepsiCo, Inc.	Common Stock (375)	25,200	35,460
	Philip Morris Intl., Inc.	Common Stock (345)	19,608	28,100
	Qualcomm Inc.	Common Stock (400)	23,465	29,732
	Schlumberger LTD	Common Stock (375)	25,972	32,029
	Smucker J M Co.	Common Stock (295)	25,746	29,789
	TE Connectivity LTD	Common Stock (725)	26,527	45,856
	TJX	Common Stock (590)	25,687	40,462

See Independent Auditors' Report.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Employer ID # 22-1617798, Plan Number - 002
Schedule of Assets Held for Investment Purposes – Schedule H – Line 4i
December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Value at 12/31/14
	Burlington County New Jersey	Municipal Bond with an interest rate of 3.75% and maturing 06/15/15	253,060	253,707
	Faribault Minnesota Independent School District	Municipal Bond with an interest rate of 3.50% maturing 06/01/15	256,430	253,133
	Franklin Lakes New Jersey	Municipal Bond with an interest rate of 4.50% maturing on 03/01/18	256,053	274,385
	Middlesex County New Jersey	Municipal Bond with an interest rate of 3.80% maturing on 01/01/19	253,313	269,853
	Ohio State	Municipal Bond with an interest rate of 4.25% maturing on 09/01/21	258,152	287,345
				139,894,135

See Independent Auditors' Report.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Employer ID # 22-1617798, Plan Number - 002
Schedule of 5% Reportable Transactions – Schedule H – Line 4j
Year Ended December 31, 2014

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on the Transaction Date	(i) Net Gain (Loss)
Single transactions						
Somerset Tire Service, Inc.*	Capital Stock (sale of 40,000 shares)	N/A	$ 8,080,000	$ 8,080,000	$ 8,080,000	$ -
Series of transactions in same security						
Bank of America *	Treasury obligations (93 purchases)	$ 9,993,962	N/A	$ 9,993,962	$ 9,993,962	N/A
	(15 sales)	N/A	$ 8,058,047	$ 8,058,047	$ 8,058,047	$ -

* A party in interest as defined by ERISA.

See Independent Auditors' Report.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
		SEE ATTACHED		

Attachment to 2014 Form 5500
Schedule H, line 4j - Schedule of Reportable Transactions

Plan Name _____ **EIN:** _____

Plan Sponsor's Name _____ **PN:** _____

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a 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)
	SEE ATTACHED							