

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan <u>SOMERSET TIRE SERVICE EMPLOYEE STOCK OWNERSHIP PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>002</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/1984</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>002</u>	1c	Effective date of plan <u>01/01/1984</u>		
1b	Three-digit plan number (PN) ▶ <u>002</u>						
1c	Effective date of plan <u>01/01/1984</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOMERSET TIRE SERVICE, INC.</u> <u>1 STS DRIVE</u> <u>BUILDING NO. 1</u> <u>BRIDGEWATER, NJ 08807-5936</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>22-1617798</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>732-356-8500</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>811190</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>22-1617798</u>	2c	Plan Sponsor's telephone number <u>732-356-8500</u>	2d	Business code (see instructions) <u>811190</u>
2b	Employer Identification Number (EIN) <u>22-1617798</u>						
2c	Plan Sponsor's telephone number <u>732-356-8500</u>						
2d	Business code (see instructions) <u>811190</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2018	FRED CHRISTENSEN
	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

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

Form 5500 (2017)
v. 170203

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 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 1419
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) 1048 6a(2) 1048 6b 0 6c 342 6d 1390 6e 3 6f 1393 6g 1393 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: 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
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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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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) 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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	33523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MENKE & ASSOCIATES, INC.

ONE KAISER PLAZA, SUITE 505
OAKLAND, CA 94612

(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	27470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>SOMERSET TIRE SERVICE EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOMERSET TIRE SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>22-1617798</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	18496	33053
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1784172	612109
	(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)	973428	850540
	(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)	7367765	5665387
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	791590	773700

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	10935451	7934789

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	82488	
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	82488	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10852963	7934789
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4898	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	36559	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		41457
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	24355	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	39848	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		64203
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10900162	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10779202	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		120960
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	66650	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		66650

		(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)		264600
c Other income	2c		72892
d Total income. Add all income amounts in column (b) and enter total.....	2d		630762

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3487943	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3487943
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)	33023	
(2) Contract administrator fees	2i(2)	27970	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		60993
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3548936

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2918174
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: 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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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?	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? ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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 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) 2017 v. 170203		

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, 2017 and 2016
With Independent Auditors' Report**

Somerset Tire Service, Inc. Employee Stock Ownership Plan
December 31, 2017 and 2016

TABLE OF CONTENTS	
Independent Auditors' Report	1 – 2
Financial Statements	
Statements of Net Assets Available for Plan Benefits	3
Statements of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5 – 12
Supplementary Information	
Schedule of Assets Held for Investment Purposes	13 – 14
Schedule of 5% Reportable Transactions	15 - 16

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, 2017 and 2016, 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.

Auditors' 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, 2017 and 2016, 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.

Emphasis of Matter – Stock Sale

As discussed in Note 1 to the financial statements, 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 that occurred in August 2015, the Plan ceased to be an employee stock ownership plan effectively immediately after the closing date and the Plan shall be solely a profit sharing plan. Our opinion is not modified with respect to this matter.

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, 2017 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 audits 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.

WithumSmith+Brown, PC

July 26, 2018

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2017 and 2016

Assets	2017	2016
Cash and certificates of deposit, at fair value	\$ 612,109	\$ 1,784,172
Other investments, at fair value	7,289,627	9,132,783
Accrued interest receivable	14,290	16,792
Accrued dividend receivable	872	1,704
Accrued other Income	149	-
Receivable for pending trades, net	17,742	-
Net assets available for plan benefits	<u>\$ 7,934,789</u>	<u>\$ 10,935,451</u>

See Independent Auditors' Report.

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, 2017 and 2016

	2017	2016
Additions to net assets		
Net appreciation in fair value of investments	\$ 335,038	\$ 4,454,783
Interest income	132,609	210,064
Dividends and capital gain distributions	163,115	232,992
Total additions	<u>630,762</u>	<u>4,897,839</u>
Deductions from net assets		
Distributions to participants	3,570,431	18,469,214
Administrative expenses	60,993	321,577
Total deductions	<u>3,631,424</u>	<u>18,790,791</u>
Changes in net assets	(3,000,662)	(13,892,952)
Net assets available for plan benefits		
Beginning of year	10,935,451	24,828,403
End of year	<u>\$ 7,934,789</u>	<u>\$ 10,935,451</u>

See Independent Auditors' Report.

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

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2017 and 2016

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.

Stock Sale

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, Mavis Tire Supply, LLC in exchange for consideration as provided for in the stock purchase agreement. In addition, see Note 5. As a result of the sale that occurred in August 2015, the Plan ceased to be an employee stock ownership plan effective immediately after the closing date and the Plan shall be solely a profit sharing plan. Once all assets are distributed from the Plan, the Plan is expected to terminate in its entirety.

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

- Participants in the Plan will share in the allocations 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. Each individual who was not a participant in the plan on the closing date shall be ineligible for the Plan, and no new participants shall be permitted under the Plan as of the closing date. 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 withdrawal up to 100% of his or her account in accordance with the revised Plan agreement. A participant who withdrawals less than 100% of his or her account may make additional withdrawals from his or her account up to 100% of his or her account, from time to time as determined by the Plan.

General – Prior to Stock Sale

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").

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2017 and 2016

The Plan purchased Company common shares using the proceeds of bank or Company borrowings, guaranteed by the Company, and holds the stock in trusts established under the Plan. The borrowings were to be repaid over fifteen years by fully deductible Company contributions and dividends to the trust fund. As the Plan made each payment of principal, an appropriate percentage of stock would 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 effective 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 became vested as follows:

<u>Years of Service</u>	<u>Percentage Vested</u>
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.

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

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

Forfeitures of terminated non-vested account balances were 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 would 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 would 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, would 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 would 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 would be paid to eligible terminated participants as a lump sum distribution. Any participant account balance over \$15,000 would be paid in installments over a period of five years. In addition, Qualified Domestic Relations Orders (QDRO) whose amounts were more than \$15,000 will be paid out over five years.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2017 and 2016

Diversification was 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 were more diversified. Participants who were at least age 55 with at least ten years of participation in the Plan had the opportunity elect to diversify a portion of their account. Diversification was offered to each participant over a six year period. In each of the first five years, a participant had the opportunity to 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 elected to diversify would 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 had the right to 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 were 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 was 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 reserved 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 would 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 was to 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 determined such sales to be necessary in order to repay the loans.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2017 and 2016

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.

Administrative Services

Except for investment, custodian and other related administrative fees, all administrative expenses are paid by the Company. Participants are charged a distribution fee for partial or full distributions. Other investment related fees have been offset with investment income and are not readily determinable.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2017 and 2016

3. INVESTMENTS

The Plan's investments, at December 31, 2017 and 2016 are presented in the following table:

	2017	2016
Certificates of deposit:		
Cost	\$ 127,000	\$ 815,000
Quoted market value	127,010	816,707
Cash and money market funds:		
Cost	394,296	674,213
Quoted market value	394,296	674,213
U.S. treasury bills and Government Obligations:		
Cost	90,803	293,252
Quoted market value	90,803	293,252
Common stocks:		
Cost	739,862	646,742
Quoted market value	850,541	973,428
Municipal Bonds:		
Cost	767,518	767,517
Quoted market value	773,700	791,590
Mutual funds - fixed income:		
Cost	1,066,840	1,700,506
Quoted market value	1,059,007	1,640,977
Mutual funds - equity:		
Cost	680,989	963,544
Quoted market value	781,675	975,227
Mutual funds - balanced:		
Cost	214,680	280,000
Quoted market value	173,471	212,809
Mutual funds - other:		
Cost	3,634,861	4,555,153
Quoted market value	3,651,233	4,538,752
Total:		
Cost	7,716,849	10,695,927
Investments at fair value	\$ 7,901,736	\$ 10,916,955

4. FAIR VALUE MEASUREMENTS

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

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2017 and 2016

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.

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, 2017 and 2016:

	Total	Basis for Valuation		
		Quoted Prices in Active Markets	Observable Measurement Criteria	Unobservable Measurement Criteria
Plan Year Ended December 31, 2017				
Certificates of deposit	\$ 127,010	\$ -	\$ 127,010	\$ -
Cash and money market funds	394,296	394,296	-	-
U.S. treasury bills and government obligations	90,803	90,803	-	-
Common stocks	850,541	850,541	-	-
Municipal bonds	773,700	-	773,700	-
Mutual funds	5,665,386	5,665,386	-	-
Investments at fair value	<u>\$ 7,901,736</u>	<u>\$ 7,001,026</u>	<u>\$ 900,710</u>	<u>\$ -</u>
Plan Year Ended December 31, 2016				
Certificates of deposit	\$ 816,707	\$ -	\$ 816,707	\$ -
Cash and money market funds	674,213	674,213	-	-
U.S. treasury bills and government obligations	293,252	293,252	-	-
Common stocks	973,428	973,428	-	-
Municipal bonds	791,590	-	791,590	-
Mutual funds	7,367,765	7,367,765	-	-
Investments at fair value	<u>\$ 10,916,955</u>	<u>\$ 9,308,658</u>	<u>\$ 1,608,297</u>	<u>\$ -</u>

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2017 and 2016

Gains and losses (realized and unrealized) are included in changes in net assets available for plan benefits for the year ended December 31, 2017 and 2016 and are reported in net appreciation in fair value of investments.

5. RELATED PARTY TRANSACTIONS

In accordance with the stock purchase agreement, 544,704 shares of stock were purchased for an aggregate of \$202,947,605. In accordance with the stock purchase agreement, the initial agreed to purchase price per share was \$420.02, which would have resulted in proceeds of \$228,789,080. However, in accordance with the stock purchase agreement, the final agreed upon purchase price was subject to various closing adjustments. In addition, a portion of the proceeds were required to be deposited into various escrow accounts, one of which is an indemnification escrow account. The balance of the proceeds were required to remain in escrow until September 30, 2017 and proceeds would only be released from escrow if certain conditions were met or events occur as stipulated in the stock purchase agreement (see Note 10).

During 2016, \$4,510,883 was released from escrow and is included in net appreciation in fair value of investments.

6. INCOME TAX STATUS

The Plan obtained its latest determination letter on October 5, 2016, 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").

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, 2017, 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. In addition, there have been no tax related interest or penalties for periods presented in these financial statements.

7. ADMINISTRATION OF PLAN ASSETS

The Plan's assets 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.

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. Most of the investment, custodian and other related administrative fees are paid by the Plan.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2017 and 2016

8. 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.

9. 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, 2017 and 2016 to Schedule H of Form 5500:

	2017	2016
Net assets available for plan benefits per the financial statements	\$ 7,934,789	\$ 10,935,451
Benefits payable	<u>-</u>	<u>(82,488)</u>
Net assets available for plan benefits per Schedule H to the Form 5500	<u>\$ 7,934,789</u>	<u>\$ 10,852,963</u>

The following is a reconciliation of benefit payments per the financial statements for the year ended December 31, 2017 to Schedule H of Form 5500:

Benefit payments	\$ 3,570,431
Plus: Benefits payable at December 31, 2017	-
Less: Benefits payable at December 31, 2016	<u>(82,488)</u>
Benefit payments per Schedule H of Form 5500	<u>\$ 3,487,943</u>

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.

10. SUBSEQUENT EVENTS

Subsequent events were evaluated through July 26, 2018, which is the date the financial statements were available to be issued. Based on that evaluation, the Plan has determined the following subsequent events require disclosure in the financial statements

- In June 2018, the remaining balance of \$13,028,853 was released from escrow. At that time, each participant in the plan will be credited with a portion of those proceeds in accordance with the stock purchase agreement.

**SOMERSET TIRE SERVICE, INC.
EMPLOYEE STOCK OWNERSHIP PLAN**

SUPPLEMENTARY INFORMATION

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Employer ID # 22-1617798, Plan Number - 002
Schedules of Assets Held for Investment Purposes – Schedule H – Line 4i
December 31, 2017

(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 12/31/2017
	Federated Treasury Obligation Fund	Bank of America Temporary Overnight Deposit	\$ 90,803	\$ 90,803
	Fidelity Government Portfolio	Cash and Money Market Reserves	394,296	394,296
	Medallion Bank	Certificate of Deposit with interest rate of 1.450% and maturing on 06/29/18	127,000	127,010
	Columbia	Acorn USA Fund (6,180)	135,584	101,105
	Columbia	Select Large Cap Growth Fund (14,566)	154,114	251,405
	Iron Mountain Inc.	REITS (219)	8,912	8,263
	IShares	MBS ETF (6,558)	711,739	699,017
	IShares	Core U.S Aggregate Bond ETF (10,114)	1,100,757	1,105,764
	IShares	Russell Mid-Cap ETF (1,080)	224,793	224,780
	Metro West	Total Return Bond Fund (72,326)	781,840	770,991
	MFS Research	International Fund (15,745)	291,290	314,279
	Franklin Lakes New Jersey	Municipal Bond with an interest rate of 4.50% maturing on 03/01/18	256,052	251,262
	Middlesex County New Jersey	Municipal Bond with an interest rate of 3.80% maturing on 01/01/19	253,313	250,000
	Ohio State	Municipal Bond with an interest rate of 4.25% maturing on 09/01/21	258,153	272,438
	Pimco	All Asset All Auth Fund (19,447)	214,680	173,471
	Prudential	Jennison Mid-Cap Growth Fund (2,985)	100,000	114,886
	SPDR Barclays	Short Term (20,243)	618,825	615,792
	Vanguard	Intermediate-term Corp. (9,695)	827,254	847,246
	Vanguard	FTSE Developed Markets (3,352)	142,581	150,371
	Western Asset	Macro Opportunities Fund (25,132)	285,000	288,016
	Adobe Systems Inc.	Common Stock (56)	10,198	9,813
	Alphabet Inc.	Common Stock (22)	22,922	23,097
	Amazon Com Inc.	Common Stock (15)	17,056	17,542
	American Water WKS Co. Inc.	Common Stock (95)	8,508	8,692
	Anadarko Petroleum Corp.	Common Stock (137)	6,588	7,349
	Analog Devices Inc.	Common Stock (200)	18,208	17,806
	Apple Inc	Common Stock (186)	6,723	31,477
	AT&T Inc.	Common Stock (140)	4,814	5,443
	Becton Dickinson & Co.	Common Stock (73)	16,088	15,696
	Berkshire Hathaway Inc.	Common Stock (120)	21,758	23,786
	Blackrock Inc.	Common Stock (21)	4,287	10,788
	Boston Scientific Corp	Common Stock (506)	14,258	12,544
	Broadcom LTD	Common Stock (49)	13,312	12,588
	Cavium Inc.	Common Stock (124)	9,512	10,395
	Celgene Corp.	Common Stock (125)	12,916	13,045
	Chevron Corp.	Common Stock (62)	7,107	7,762
	Cisco Systems Inc.	Common Stock (483)	17,347	18,499
	Citigroup Inc.	Common Stock (433)	30,793	32,220
	Coherent Inc.	Common Stock (16)	4,881	4,516
	Comcast Corp.	Common Stock (212)	7,847	8,491
	Costco Wholesale Corp.	Common Stock (55)	9,393	10,237
	Danaher Corp.	Common Stock (147)	13,688	13,645

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Employer ID # 22-1617798, Plan Number - 002
Schedules of Assets Held for Investment Purposes – Schedule H – Line 4i
December 31, 2017

(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 12/31/17
	Deere & Co.	Common Stock (78)	10,469	12,208
	Dowdupont Inc.	Common Stock (201)	14,197	14,315
	Eaton Corp. PLC	Common Stock (105)	7,986	8,296
	EOG Resources Inc.	Common Stock (115)	11,745	12,410
	Facebook Inc.	Common Stock (104)	18,647	18,352
	Fortive Corp.	Common Stock (73)	5,264	5,282
	General Dynamics Corp.	Common Stock (54)	10,700	10,986
	General Electric Co.	Common Stock (161)	2,963	2,809
	Goldman Sachs Group Inc.	Common Stock (98)	23,411	24,966
	Halliburton Co.	Common Stock (270)	11,244	13,195
	Home Depot Inc.	Common Stock (142)	23,719	26,913
	Honeywell Intl. Inc.	Common Stock (94)	5,821	14,416
	Huntington Bancshares Inc.	Common Stock (309)	4,124	4,499
	Johnson & Johnson	Common Stock (99)	6,719	13,832
	Johnson Controls Intl. PLC	Common Stock (176)	6,333	6,707
	J.P. Morgan Chase & Co.	Common Stock (209)	12,021	22,350
	Kraft Heinz Corp.	Common Stock (186)	8,196	14,463
	Lilly Eli & Co.	Common Stock (301)	25,004	25,422
	McDonald's Corp.	Common Stock (75)	6,732	12,909
	MetLife Inc.	Common Stock (136)	6,980	6,876
	Microsoft Corp.	Common Stock (307)	25,507	26,261
	Mondelez Intl. Inc.	Common Stock (217)	5,285	9,288
	Monsanto Co.	Common Stock (74)	8,770	8,642
	Morgan Stanley	Common Stock (345)	16,647	18,102
	Northrop Grumman Corp.	Common Stock (47)	14,081	14,425
	Nvidia Corp.	Common Stock (34)	7,269	6,579
	Occidental Petroleum Corp.	Common Stock (112)	8,388	8,250
	Paypal Holdings inc.	Common Stock (128)	9,963	9,423
	PepsiCo, Inc.	Common Stock (145)	9,744	17,388
	Philip Morris Intl., Inc.	Common Stock (81)	4,604	8,558
	Procter & Gamble Co	Common Stock (90)	7,989	8,269
	Raytheon Co.	Common Stock (83)	15,230	15,592
	Salesforce Com. Inc.	Common Stock (127)	13,597	12,983
	Schlumberger LTD	Common Stock (98)	6,787	6,604
	Sempra Energy	Common Stock (55)	6,588	5,881
	Starbucks Corp.	Common Stock (205)	11,739	11,773
	Target Corp.	Common Stock (156)	8,727	10,179
	TJX	Common Stock (112)	4,876	8,564
	Union PAC Corp.	Common Stock (70)	8,127	9,387
	Verizon Communication Inc.	Common Stock (110)	4,915	5,822
	Visa Inc.	Common Stock (232)	25,690	26,453
	Walt Disney Company	Common Stock (144)	14,860	15,481
				<u>\$ 7,901,736</u>

Note: Any line with an asterisk (*) in column (a) represents a transaction with a person known to be a party-in-interest to the Plan.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Employer ID # 22-1617798, Plan Number - 002
Schedules of 5% Reportable Transactions – Schedule H – Line 4j
December 31, 2017

(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						
Federated Treasury Obligation Fund	Treasury obligations 1,440,172 shares	\$ 1,440,172	N/A	\$ 1,440,172	\$ 1,440,172	N/A
	726,378 shares	N/A	\$ 726,348	\$ 726,348	\$ 726,348	\$ -
Bank of America *	Treasury obligations 1,440,672 shares	\$ 1,440,672	N/A	\$ 1,440,672	\$ 1,440,672	N/A
	1,440,672 shares	N/A	\$ 1,440,672	\$ 1,440,672	\$ 1,440,672	\$ -
Fidelity Government Portfolio	Money market	\$ 865,000	N/A	\$ 865,000	\$ 865,000	N/A
		N/A	\$ 1,228,091	\$ 1,228,091	\$ 1,228,091	\$ -
		N/A	\$ 790,310	\$ 790,310	\$ 790,310	\$ -
Ishares	Mutual fund 10,114 shares	\$ 1,100,757	N/A	\$ 1,100,757	\$ 1,100,757	N/A
Vanguard	Mutual fund 10,000 shares	N/A	\$ 860,031	\$ 853,279	\$ 860,031	\$ 6,752

* A party in interest as defined by ERISA.

Somerset Tire Service, Inc. Employee Stock Ownership Plan
Employer ID # 22-1617798, Plan Number - 002
Schedules of 5% Reportable Transactions – Schedule H – Line 4j
December 31, 2017

(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)
Series of transactions in same security						
Federated Treasury Obligation Fund	Treasury obligations (35 purchases) (37 sales)	\$ 2,381,763	N/A	\$ 2,381,763	\$ 2,381,763	N/A
		N/A	\$ 2,584,211	\$ 2,584,211	\$ 2,584,211	\$ -
Bank of America *	Treasury obligations (45 purchases) (49 sales)	\$ 2,052,243	N/A	\$ 2,052,243	\$ 2,052,243	N/A
		N/A	\$ 2,052,134	\$ 2,052,134	\$ 2,052,134	\$ -
Fidelity Government Portfolio	Money Market (121 purchases) (9 sales)	\$ 2,224,667	N/A	\$ 2,224,667	\$ 2,224,667	N/A
		N/A	\$ 2,504,694	\$ 2,504,694	\$ 2,504,694	\$ -
Metro West	Mutual fund (3 sales)	N/A	\$ 605,000	\$ 618,667	\$ 605,000	\$ (13,667)
Vanguard	Mutual fund (3 sales)	N/A	\$ 1,235,164	\$ 1,220,616	\$ 1,235,164	\$ 14,548

* A party in interest as defined by ERISA.

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____		
A Name of plan	B Three-digit plan number (PN) ►	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(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)		
	(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)		
	(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		

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		
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)		
(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)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(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)		
(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)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

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

	Yes	No	Amount
4a			
4b			

	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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

Plan Name	SOMERSET TIRE SERVICE EMPLOYEE STOCK OWNERSHIP PLAN	EIN:	22-1617798
Plan Sponsor's Name	SOMERSET TIRE SERVICE	PN:	002

[illegible]

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____		
A Name of plan	B Three-digit plan number (PN) ►	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

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)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(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)		
(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)		
(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		

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		
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)		
(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)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(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)		
(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)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

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

	Yes	No	Amount
4a			
4b			

	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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

Plan Name	SOMERSET TIRE SERVICE EMPLOYEE STOCK OWNERSHIP PLAN
Plan Sponsor's Name	SOMERSET TIRE SERVICE

[illegible]