

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 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: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan <u>WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K)</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>12/23/1981</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>12/23/1981</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>12/23/1981</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>WESTERN MANAGEMENT, INC.</u> <u>14577 LORAIN AVENUE</u> <u>CLEVELAND, OH 44111</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>34-1427510</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>216-941-3333</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>322200</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>34-1427510</u>	2c	Plan Sponsor's telephone number <u>216-941-3333</u>	2d	Business code (see instructions) <u>322200</u>
2b	Employer Identification Number (EIN) <u>34-1427510</u>						
2c	Plan Sponsor's telephone number <u>216-941-3333</u>						
2d	Business code (see instructions) <u>322200</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	STEVEN J. PERNEY, TREASURER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	STEVEN J. PERNEY, TREASURER
	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		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	539
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	349
a(2) Total number of active participants at the end of the plan year		6a(2)	319
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	148
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	467
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	468
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	452
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	34
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: 2E 2F 2G 2J 2K 2T 3D 3H 2S			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN MANAGEMENT, INC.	D Employer Identification Number (EIN) 34-1427510

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
AMERICAN FUNDS
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COLUMBIA
93-0577450

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS
06-1194217

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INVESCO AMERICAN FRANCHISE FUND
58-2287224

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

PRUDENTIAL INVESTMENTS

22-3703799

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

T. ROWE PRICE

52-2264646

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

VANGUARD

23-1945930

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

PARAMETRIC FUNDS

04-2718215

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

FRANKLIN TEMPLETON INVESTMENTS

94-3167260

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

OPPENHEIMER FUNDS

13-2527171

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

LEGG MASON/WESTERN

52-1200960

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

JOHN HANCOCK

04-3483032

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

DFA

22-2370029

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

AMERICAN CENTURY

44-6006315

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

RELIANCE TRUST COMPANY

46-6625485

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

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

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

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 37 49 50 60 62 63 64	SERVICE PROVIDER	8700	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K)	B Three-digit plan number (PN) ►	001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 WESTERN MANAGEMENT, INC.	D Employer Identification Number (EIN) 34-1427510
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST STABLE VALUE FUND

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 46-6625485-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120020
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K)</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTERN MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>34-1427510</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)		
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)	374864	444546
	(9) Value of interest in common/collective trusts.....	1c(9)		120020
	(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)	10599115	12180925
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	10973979 12745491
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10973979 12745491

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	337565
	(B) Participants	2a(1)(B)	591698
	(C) Others (including rollovers)	2a(1)(C)	6332
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	935595
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)	17071
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	17071
(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)	162013
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	162013
(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)	0
(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)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2524
(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)		1618789
c Other income	2c		54078
d Total income. Add all income amounts in column (b) and enter total.....	2d		2790070

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	994618	
(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)		994618
f Corrective distributions (see instructions)	2f		1603
g Certain deemed distributions of participant loans (see instructions).....	2g		-2000
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)	24337	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		24337
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1018558

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1771512
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: MCMANUS DOSEN & CO

(2) EIN: 34-1639529

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		500000
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.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K)		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN MANAGEMENT, INC.		D Employer Identification Number (EIN) 34-1427510
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): 41-6257133		
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): _____



PROFIT SHARING & 401(K) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016
AND YEAR ENDED DECEMBER 31, 2017



McMANUS, DOSEN & CO.
Certified Public Accountants

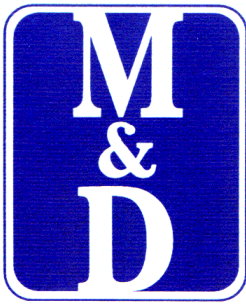
**WESTERN MANAGEMENT, INC.
PROFIT SHARING & 401(K) PLAN**

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**DECEMBER 31, 2017 AND 2016
AND YEAR ENDED DECEMBER 31, 2017**

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McMANUS, DOSEN & CO.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

TO THE PARTICIPANTS AND PLAN ADMINISTRATOR
WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Western Management, Inc. Profit Sharing & 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of schedule of assets (held at end of year), is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

A handwritten signature in blue ink that reads "McManus, Dosen & Co." in a cursive script.

McMANUS, DOSEN & CO.
Middleburg Heights, Ohio
October 3, 2018

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(k) PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016**

<u>ASSETS</u>	<u>2017</u>	<u>2016</u>
INVESTMENTS, AT FAIR VALUE (Notes 2, 3, 4 and 5).	\$ 12,300,945	\$ 10,599,115
RECEIVABLES:		
Employer contributions.	104,354	123,517
Notes receivable from participants (Notes 1 and 2)	<u>444,546</u>	<u>374,864</u>
Total receivables.	<u>548,900</u>	<u>498,381</u>
TOTAL ASSETS.	12,849,845	11,097,496
<u>LIABILITIES</u>		
EXCESS CONTRIBUTIONS PAYABLE.	<u>-</u>	<u>3,154</u>
NET ASSETS AVAILABLE FOR BENEFITS.	<u>\$ 12,849,845</u>	<u>\$ 11,094,342</u>

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

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(k) PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017**

ADDITIONS:

Investment income (Notes 2 and 10):

Net appreciation in fair value of investments.	\$1,605,676	
Dividends	162,013	
Revenue sharing.	<u>15,637</u>	
Total investment income.		\$ 1,783,326

Interest income on notes receivable from participants. 17,071

Other income (Note 2) 54,078

Contributions:

Participants.	591,698	
Employer.	318,402	
Participant rollovers.	<u>6,332</u>	
Total contributions.		<u>916,432</u>
Total additions.		<u>2,770,907</u>

DEDUCTIONS:

Benefits paid to participants.	991,067	
Administrative expenses	<u>24,337</u>	
Total deductions.		<u>1,015,404</u>

NET INCREASE. 1,755,503

NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR . 11,094,342

NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR \$ 12,849,845

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

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016 AND YEAR ENDED DECEMBER 31, 2017

1. DESCRIPTION OF PLAN

The following description of Western Management, Inc. Profit Sharing & 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering substantially all employees of Conrad's Tire Service, Inc., Xpress Tire & Auto Supply, Inc., Conrad's LaserWash Company, Inc., Western Management, Inc., S & H Industries, Inc., and Elyria Spring and Specialty, Inc., (the "Companies") who have worked 1,000 hours and attained the age of 21 within the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts – Each participant's account is credited with his or her elective deferrals, the Companies' matching contributions, if applicable, and an allocation of the Companies' profit sharing contributions, Plan earnings, and forfeitures of terminated participants' non-vested accounts, and is charged with an allocation of administrative expenses. Allocations by the Plan are based on participant earnings, account balances, or specific participant transactions, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Funding Policy – The Companies' funding policy is to make the contributions to the Plan as soon as administratively feasible.

Contributions – Participants may make pre-tax contributions in 1% increments of their compensation as defined by the Plan or a flat dollar amount per pay period up to the maximum amount set by law. Employees who become eligible to participate but do not enroll or opt out of the Plan are automatically enrolled to defer 3% of their compensation as defined by the Plan on a pre-tax basis. The Plan allows for catch-up contributions for participants who attain the age 50 before year end. Participants direct the investment of their contributions into various investment options offered by the Plan. The Companies may make discretionary employer matching contributions and profit sharing contributions. During the year ended December 31, 2017, the Companies made discretionary matching contributions of 50% of participants' contributions up to 5.0% of compensation for participants who were employees of Conrad's Tire Service, Inc., Xpress Tire & Auto Supply, Inc., and Conrad's LaserWash, Inc.; up to 4.0% of compensation for participants who were employees of Western Management, Inc.; up to 3.0% of compensation for participants who were employees of Elyria Spring and Specialty, Inc.; and up to 2.5% of compensation for participants who were employees of S & H Industries, Inc. The Companies' discretionary profit sharing contribution for the year ended December 31, 2017 was \$104,354. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code).

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Notes receivable terms range from 1 – 5 years, or longer for the purchase of a primary residence. Notes receivable are secured by the balances in the participants' accounts and bear interest at rates ranging from 4.25% to 5.25% at December 31, 2017. Principal and interest are paid ratably through bi-weekly payroll deductions. All expenses associated with the establishment and administration of the loan will be paid by or charged to the participants' accounts. Repayments of principal and interest are credited to the participants' separate accounts within the funds as elected by the participants. Until such repayments are received, the notes receivable are accounted for in the participant loan fund.

Payment of Benefits – Benefits will be paid from the Plan in a lump-sum upon the occurrence of any of the following events:

Retirement - A participant, upon retirement from employment with the Companies, at either normal retirement date or at any time thereafter, shall be entitled to receive the entire balance in his or her account.

Disability - In the event a participant becomes totally disabled, the participant shall be entitled to receive the entire balance in his or her account.

Death - Upon death of a participant, the beneficiary of the participant shall be entitled to receive the entire balance in his or her account remaining at death.

In-Service Distributions – Upon attaining the age of 59½, a participant may take in-service distributions.

Termination of Employment - Upon termination of employment with the Companies for any reason other than death, retirement, or total disability, a participant shall be entitled to the vested balance in his or her account.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Vesting – Each participant has a 100% non-forfeitable vested interest in his or her elective deferral contributions. Vesting in the participant's share of the Companies' matching and profit sharing contributions is based on years of continuous service according to a six year graduated scale. The participant will be 20% vested after two years of service and will vest an additional 20% for each year thereafter. A participant is 100% vested after six years of credited service or in the event of death, disability, or retirement.

Forfeitures – The Companies have the option to use forfeited non-vested accounts to reduce employer discretionary contributions or to reallocate these funds to participants in the same manner as the Companies' profit sharing contributions. At December 31, 2017 and 2016, forfeited non-vested accounts totaled \$26,473 and \$20,710 respectively. During 2017, forfeitures of \$20,710 were allocated to participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared using the accrual basis of accounting.

Adoption of New Accounting Standard - In May 2015, the Financial Accounting Standards Board (FASB) issued an Accounting Standards Update (ASU) which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. The ASU is effective retrospectively for fiscal years beginning after December 15, 2016. The Plan adopted this ASU for the year ended December 31, 2017 and applied the changes retrospectively to the notes to the financial statements as of December 31, 2016.

Investment Valuation and Income Recognition – The Plan’s investments are stated at fair value (see Note 4). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan’s valuation policies utilizing information provided by the trustee. The change in the difference between fair value and the cost of investments and gain or loss on the sale of investments are reflected in the statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments. The cost of investments sold is based on the average cost of the investments. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded at December 31, 2017 or 2016. If a participant ceases to make repayments and the plan administrator deems the note receivable to be in default, the balance on the note receivable is reclassified to benefits paid to participants in accordance with Plan provisions.

Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed \$3,154 in excess contributions at December 31, 2016 to the applicable participants prior to March 15, 2017.

Other Income – Other income consists of participants’ uncashed benefit payment checks. These checks will be reissued and sent to the applicable participants.

Benefit Payments – Benefits are recorded when paid.

Accounting Estimates – Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported amounts of changes in net assets. Actual results could vary from the estimates that were used.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Wells Fargo Bank, N.A., the trustee of the Plan, held the Plan’s investment assets and executed transactions therein as of December 31, 2017 and 2016 and for the year ended December 31, 2017. The following is a summary of the Plan’s financial information certified by the trustee as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Plan assets certified by the trustee at December 31, 2017 and 2016 includes the following:

	December 31,	
	2017	2016
Investments, at fair value:		
Mutual funds	\$ 11,293,199	\$9,287,718
Common/collective trust	120,020	-
Money market	887,726	1,311,397
Notes receivable from participants	444,546	374,864

Plan income certified by the trustee for the year ended December 31, 2017 includes the following:

Investment income	\$1,783,326
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4. VALUATION OF INVESTMENTS

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Money market and mutual funds – Valued at the net asset value of shares held by the Plan at year-end, as reported on the active markets in which the investments are traded.

Common/collective trust – Valued at the net asset value of shares held by the Plan at year end. The net asset value, as provided by the trustee, is used as a practical expedient to estimate fair value. Net asset value is based on the fair value of the trust's underlying assets, less its liabilities. The practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different than the reported net asset value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Level 1	Total
<u>December 31, 2017</u>		
Mutual funds	\$ 11,293,199	\$ 11,293,199
Money market fund	887,726	887,726
Total investments in the fair value hierarchy	<u>\$ 12,180,925</u>	12,180,925
Invesments measured at net asset value		<u>120,020</u>
Total investments at fair value		<u>\$ 12,300,945</u>
<u>December 31, 2016</u>		
Mutual funds	\$ 9,287,718	\$ 9,287,718
Money market fund	1,311,397	1,311,397
Total investments at fair value	<u>\$ 10,599,115</u>	<u>\$ 10,599,115</u>

5. COMMON/COLLECTIVE TRUST

The Plan has an investment in Reliance Trust Stable Value Fund (the Fund), which is a common/collective trust fund. Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balance within the Fund to noncompeting investment. The Fund requires a 60-day advance notice in the case of a full or partial withdrawal of Plan assets from the Fund due to actions directed by the Companies.

6. PLAN TERMINATION

Although they have not expressed an intent to do so, the Companies have the right, at any time, to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. TAX MATTERS

The Plan adopted a volume submitter profit sharing plan with cash or deferred arrangement which received a favorable opinion letter from the IRS dated March 31, 2014 stating that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the opinion letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United State of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has determined that the Plan does not have any uncertain tax positions that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2014.

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Differences between the financial statements and the Form 5500 relate to the trustee reporting Plan activity on the cash basis on the Form 5500. The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500:

	December 31,	
	2017	2016
Net assets available for benefits per the financial statements	\$ 12,849,845	\$ 11,094,342
Employer contributions receivable	(104,354)	(123,517)
Excess contributions payable	-	3,154
Net assets per the Form 5500	<u>\$ 12,745,491</u>	<u>\$ 10,973,979</u>

The following is a reconciliation of net increase per the financial statements to net income per the Form 5500 for the year ended December 31, 2017:

Net increase per the financial statements	\$1,755,503
Employer contribution receivable at December 31, 2017	(104,354)
Employer contribution receivable at December 31, 2016	123,517
Excess contributions payable at December 31, 2016	<u>(3,154)</u>
Net income per the Form 5500	<u>\$1,771,512</u>

10. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are managed by Wells Fargo Bank, N.A (Wells Fargo). Wells Fargo is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Wells Fargo provides certain administrative services to the Plan. Wells Fargo receives revenue from mutual fund service providers for services provided to the funds. This revenue was used to offset certain amounts owed to Wells Fargo for its administrative services to the Plan.

11. SUBSEQUENT EVENTS

Subsequent events are those events or transactions that occur following the statement of net assets available for benefits date, but before the financial statements are issued, or are available to be issued.

FASB ASC Section 855, *Subsequent Events*, requires disclosure regarding the date through which subsequent events have been evaluated and the basis for determining that date. Subsequent events have been evaluated through October 12, 2018, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(k) PLAN
EMPLOYER NO. 34-1427510, PLAN NO. 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

(a) <u>Borrower, or Similar Party</u>	(c) <u>Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
<u>Participant Loans</u>			
* Participant Loans	4.25% to 5.25%	\$ -	\$ 444,546
<u>Common/Collective Trust</u>			
Wells Fargo Bank, N.A.	Reliance Trust Stable Value Fund	**	120,020
<u>Money Market Account</u>			
* Wells Fargo Bank, N.A.	Wells Fargo Adv Treasury Plus	**	887,726
<u>Mutual Funds</u>			
Wells Fargo Bank, N.A.	American Funds Capital World Growth & Income R5	**	1,219,644
Wells Fargo Bank, N.A.	T. Rowe Price Health Sciences Fund	**	927,555
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2025	**	883,827
Wells Fargo Bank, N.A.	Western Asset Core Plus Bond I	**	780,183
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2055	**	766,759
Wells Fargo Bank, N.A.	Vanguard Small-Cap Growth Index Fund	**	729,016
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2045	**	713,167
Wells Fargo Bank, N.A.	Columbia Global Technology Growth Fund Z	**	644,676
Wells Fargo Bank, N.A.	Vanguard Windsor II Fund	**	598,621
Wells Fargo Bank, N.A.	T. Rowe Price Blue Chip Growth	**	544,001
Wells Fargo Bank, N.A.	Prudential Jennison Utility Fund Z	**	483,814
Wells Fargo Bank, N.A.	Vanguard Mid-Cap Index Fund	**	455,376
Wells Fargo Bank, N.A.	Van Kampen Equity and Income Y	**	422,707
Wells Fargo Bank, N.A.	Fidelity 500 Index Fund I	**	396,820
Wells Fargo Bank, N.A.	Vanguard Intermediate-Term Treasury Fund	**	366,285
Wells Fargo Bank, N.A.	Prudential Mid Cap Value Z	**	332,606
Wells Fargo Bank, N.A.	American Funds Capital World Bond R5	**	319,723
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2035	**	311,688
Wells Fargo Bank, N.A.	T. Rowe Price Real Estate Fund	**	247,905
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2015	**	42,291
Wells Fargo Bank, N.A.	American Century Emerging Markets R6	**	30,916
Wells Fargo Bank, N.A.	John Hancock Income Fund R6	**	28,199
Wells Fargo Bank, N.A.	DFA Inflation-Protected Securities I	**	23,114
Wells Fargo Bank, N.A.	Oppenheimer International Growth Fund I	**	12,381
Wells Fargo Bank, N.A.	Templeton Foreign Fund Adv	**	11,925
			<u>11,293,199</u>
			<u>\$ 12,745,491</u>

* - Represents party in interest transactions

** - Costs omitted for participant-directed investments



PROFIT SHARING & 401(K) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016
AND YEAR ENDED DECEMBER 31, 2017



McMANUS, DOSEN & CO.
Certified Public Accountants

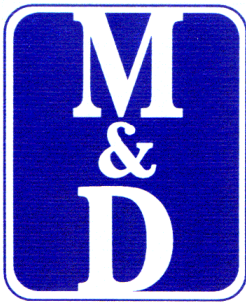
**WESTERN MANAGEMENT, INC.
PROFIT SHARING & 401(K) PLAN**

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**DECEMBER 31, 2017 AND 2016
AND YEAR ENDED DECEMBER 31, 2017**

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McMANUS, DOSEN & CO.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

TO THE PARTICIPANTS AND PLAN ADMINISTRATOR
WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Western Management, Inc. Profit Sharing & 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of schedule of assets (held at end of year), is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

A handwritten signature in blue ink that reads "McManus, Dosen & Co." in a cursive script.

McMANUS, DOSEN & CO.
Middleburg Heights, Ohio
October 3, 2018

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(k) PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016**

<u>ASSETS</u>	<u>2017</u>	<u>2016</u>
INVESTMENTS, AT FAIR VALUE (Notes 2, 3, 4 and 5).	\$ 12,300,945	\$ 10,599,115
RECEIVABLES:		
Employer contributions.	104,354	123,517
Notes receivable from participants (Notes 1 and 2)	<u>444,546</u>	<u>374,864</u>
Total receivables.	<u>548,900</u>	<u>498,381</u>
TOTAL ASSETS.	12,849,845	11,097,496
<u>LIABILITIES</u>		
EXCESS CONTRIBUTIONS PAYABLE.	<u>-</u>	<u>3,154</u>
NET ASSETS AVAILABLE FOR BENEFITS.	<u>\$ 12,849,845</u>	<u>\$ 11,094,342</u>

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

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(k) PLAN**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017**

ADDITIONS:

Investment income (Notes 2 and 10):

Net appreciation in fair value of investments.	\$1,605,676	
Dividends	162,013	
Revenue sharing.	<u>15,637</u>	
Total investment income.		\$ 1,783,326

Interest income on notes receivable from participants.		17,071
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Other income (Note 2)		54,078
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Contributions:

Participants.	591,698	
Employer.	318,402	
Participant rollovers.	<u>6,332</u>	
Total contributions.		<u>916,432</u>
Total additions.		<u>2,770,907</u>

DEDUCTIONS:

Benefits paid to participants.	991,067	
Administrative expenses	<u>24,337</u>	
Total deductions.		<u>1,015,404</u>

NET INCREASE.		1,755,503
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NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR .		<u>11,094,342</u>
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NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR		<u><u>\$ 12,849,845</u></u>
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The accompanying Notes to Financial Statements are an integral part of these statements.

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016 AND YEAR ENDED DECEMBER 31, 2017

1. DESCRIPTION OF PLAN

The following description of Western Management, Inc. Profit Sharing & 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering substantially all employees of Conrad's Tire Service, Inc., Xpress Tire & Auto Supply, Inc., Conrad's LaserWash Company, Inc., Western Management, Inc., S & H Industries, Inc., and Elyria Spring and Specialty, Inc., (the "Companies") who have worked 1,000 hours and attained the age of 21 within the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts – Each participant's account is credited with his or her elective deferrals, the Companies' matching contributions, if applicable, and an allocation of the Companies' profit sharing contributions, Plan earnings, and forfeitures of terminated participants' non-vested accounts, and is charged with an allocation of administrative expenses. Allocations by the Plan are based on participant earnings, account balances, or specific participant transactions, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Funding Policy – The Companies' funding policy is to make the contributions to the Plan as soon as administratively feasible.

Contributions – Participants may make pre-tax contributions in 1% increments of their compensation as defined by the Plan or a flat dollar amount per pay period up to the maximum amount set by law. Employees who become eligible to participate but do not enroll or opt out of the Plan are automatically enrolled to defer 3% of their compensation as defined by the Plan on a pre-tax basis. The Plan allows for catch-up contributions for participants who attain the age 50 before year end. Participants direct the investment of their contributions into various investment options offered by the Plan. The Companies may make discretionary employer matching contributions and profit sharing contributions. During the year ended December 31, 2017, the Companies made discretionary matching contributions of 50% of participants' contributions up to 5.0% of compensation for participants who were employees of Conrad's Tire Service, Inc., Xpress Tire & Auto Supply, Inc., and Conrad's LaserWash, Inc.; up to 4.0% of compensation for participants who were employees of Western Management, Inc.; up to 3.0% of compensation for participants who were employees of Elyria Spring and Specialty, Inc.; and up to 2.5% of compensation for participants who were employees of S & H Industries, Inc. The Companies' discretionary profit sharing contribution for the year ended December 31, 2017 was \$104,354. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code).

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Notes receivable terms range from 1 – 5 years, or longer for the purchase of a primary residence. Notes receivable are secured by the balances in the participants' accounts and bear interest at rates ranging from 4.25% to 5.25% at December 31, 2017. Principal and interest are paid ratably through bi-weekly payroll deductions. All expenses associated with the establishment and administration of the loan will be paid by or charged to the participants' accounts. Repayments of principal and interest are credited to the participants' separate accounts within the funds as elected by the participants. Until such repayments are received, the notes receivable are accounted for in the participant loan fund.

Payment of Benefits – Benefits will be paid from the Plan in a lump-sum upon the occurrence of any of the following events:

Retirement - A participant, upon retirement from employment with the Companies, at either normal retirement date or at any time thereafter, shall be entitled to receive the entire balance in his or her account.

Disability - In the event a participant becomes totally disabled, the participant shall be entitled to receive the entire balance in his or her account.

Death - Upon death of a participant, the beneficiary of the participant shall be entitled to receive the entire balance in his or her account remaining at death.

In-Service Distributions – Upon attaining the age of 59½, a participant may take in-service distributions.

Termination of Employment - Upon termination of employment with the Companies for any reason other than death, retirement, or total disability, a participant shall be entitled to the vested balance in his or her account.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Vesting – Each participant has a 100% non-forfeitable vested interest in his or her elective deferral contributions. Vesting in the participant's share of the Companies' matching and profit sharing contributions is based on years of continuous service according to a six year graduated scale. The participant will be 20% vested after two years of service and will vest an additional 20% for each year thereafter. A participant is 100% vested after six years of credited service or in the event of death, disability, or retirement.

Forfeitures – The Companies have the option to use forfeited non-vested accounts to reduce employer discretionary contributions or to reallocate these funds to participants in the same manner as the Companies' profit sharing contributions. At December 31, 2017 and 2016, forfeited non-vested accounts totaled \$26,473 and \$20,710 respectively. During 2017, forfeitures of \$20,710 were allocated to participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared using the accrual basis of accounting.

Adoption of New Accounting Standard - In May 2015, the Financial Accounting Standards Board (FASB) issued an Accounting Standards Update (ASU) which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. The ASU is effective retrospectively for fiscal years beginning after December 15, 2016. The Plan adopted this ASU for the year ended December 31, 2017 and applied the changes retrospectively to the notes to the financial statements as of December 31, 2016.

Investment Valuation and Income Recognition – The Plan’s investments are stated at fair value (see Note 4). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan’s valuation policies utilizing information provided by the trustee. The change in the difference between fair value and the cost of investments and gain or loss on the sale of investments are reflected in the statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments. The cost of investments sold is based on the average cost of the investments. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded at December 31, 2017 or 2016. If a participant ceases to make repayments and the plan administrator deems the note receivable to be in default, the balance on the note receivable is reclassified to benefits paid to participants in accordance with Plan provisions.

Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed \$3,154 in excess contributions at December 31, 2016 to the applicable participants prior to March 15, 2017.

Other Income – Other income consists of participants’ uncashed benefit payment checks. These checks will be reissued and sent to the applicable participants.

Benefit Payments – Benefits are recorded when paid.

Accounting Estimates – Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported amounts of changes in net assets. Actual results could vary from the estimates that were used.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Wells Fargo Bank, N.A., the trustee of the Plan, held the Plan’s investment assets and executed transactions therein as of December 31, 2017 and 2016 and for the year ended December 31, 2017. The following is a summary of the Plan’s financial information certified by the trustee as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Plan assets certified by the trustee at December 31, 2017 and 2016 includes the following:

	December 31,	
	2017	2016
Investments, at fair value:		
Mutual funds	\$ 11,293,199	\$9,287,718
Common/collective trust	120,020	-
Money market	887,726	1,311,397
Notes receivable from participants	444,546	374,864

Plan income certified by the trustee for the year ended December 31, 2017 includes the following:

Investment income	\$1,783,326
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4. VALUATION OF INVESTMENTS

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Money market and mutual funds – Valued at the net asset value of shares held by the Plan at year-end, as reported on the active markets in which the investments are traded.

Common/collective trust – Valued at the net asset value of shares held by the Plan at year end. The net asset value, as provided by the trustee, is used as a practical expedient to estimate fair value. Net asset value is based on the fair value of the trust's underlying assets, less its liabilities. The practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different than the reported net asset value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Level 1	Total
<u>December 31, 2017</u>		
Mutual funds	\$ 11,293,199	\$ 11,293,199
Money market fund	887,726	887,726
Total investments in the fair value hierarchy	<u>\$ 12,180,925</u>	12,180,925
Invesments measured at net asset value		<u>120,020</u>
Total investments at fair value		<u>\$ 12,300,945</u>
<u>December 31, 2016</u>		
Mutual funds	\$ 9,287,718	\$ 9,287,718
Money market fund	1,311,397	1,311,397
Total investments at fair value	<u>\$ 10,599,115</u>	<u>\$ 10,599,115</u>

5. COMMON/COLLECTIVE TRUST

The Plan has an investment in Reliance Trust Stable Value Fund (the Fund), which is a common/collective trust fund. Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balance within the Fund to noncompeting investment. The Fund requires a 60-day advance notice in the case of a full or partial withdrawal of Plan assets from the Fund due to actions directed by the Companies.

6. PLAN TERMINATION

Although they have not expressed an intent to do so, the Companies have the right, at any time, to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. TAX MATTERS

The Plan adopted a volume submitter profit sharing plan with cash or deferred arrangement which received a favorable opinion letter from the IRS dated March 31, 2014 stating that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the opinion letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United State of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has determined that the Plan does not have any uncertain tax positions that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2014.

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Differences between the financial statements and the Form 5500 relate to the trustee reporting Plan activity on the cash basis on the Form 5500. The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500:

	December 31,	
	2017	2016
Net assets available for benefits per the financial statements	\$ 12,849,845	\$ 11,094,342
Employer contributions receivable	(104,354)	(123,517)
Excess contributions payable	-	3,154
Net assets per the Form 5500	<u>\$ 12,745,491</u>	<u>\$ 10,973,979</u>

The following is a reconciliation of net increase per the financial statements to net income per the Form 5500 for the year ended December 31, 2017:

Net increase per the financial statements	\$1,755,503
Employer contribution receivable at December 31, 2017	(104,354)
Employer contribution receivable at December 31, 2016	123,517
Excess contributions payable at December 31, 2016	<u>(3,154)</u>
Net income per the Form 5500	<u>\$1,771,512</u>

10. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are managed by Wells Fargo Bank, N.A (Wells Fargo). Wells Fargo is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Wells Fargo provides certain administrative services to the Plan. Wells Fargo receives revenue from mutual fund service providers for services provided to the funds. This revenue was used to offset certain amounts owed to Wells Fargo for its administrative services to the Plan.

11. SUBSEQUENT EVENTS

Subsequent events are those events or transactions that occur following the statement of net assets available for benefits date, but before the financial statements are issued, or are available to be issued.

FASB ASC Section 855, *Subsequent Events*, requires disclosure regarding the date through which subsequent events have been evaluated and the basis for determining that date. Subsequent events have been evaluated through October 12, 2018, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(k) PLAN
EMPLOYER NO. 34-1427510, PLAN NO. 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

(a) <u>Borrower, or Similar Party</u>	(c) <u>Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
<u>Participant Loans</u>			
* Participant Loans	4.25% to 5.25%	\$ -	\$ 444,546
<u>Common/Collective Trust</u>			
Wells Fargo Bank, N.A.	Reliance Trust Stable Value Fund	**	120,020
<u>Money Market Account</u>			
* Wells Fargo Bank, N.A.	Wells Fargo Adv Treasury Plus	**	887,726
<u>Mutual Funds</u>			
Wells Fargo Bank, N.A.	American Funds Capital World Growth & Income R5	**	1,219,644
Wells Fargo Bank, N.A.	T. Rowe Price Health Sciences Fund	**	927,555
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2025	**	883,827
Wells Fargo Bank, N.A.	Western Asset Core Plus Bond I	**	780,183
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2055	**	766,759
Wells Fargo Bank, N.A.	Vanguard Small-Cap Growth Index Fund	**	729,016
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2045	**	713,167
Wells Fargo Bank, N.A.	Columbia Global Technology Growth Fund Z	**	644,676
Wells Fargo Bank, N.A.	Vanguard Windsor II Fund	**	598,621
Wells Fargo Bank, N.A.	T. Rowe Price Blue Chip Growth	**	544,001
Wells Fargo Bank, N.A.	Prudential Jennison Utility Fund Z	**	483,814
Wells Fargo Bank, N.A.	Vanguard Mid-Cap Index Fund	**	455,376
Wells Fargo Bank, N.A.	Van Kampen Equity and Income Y	**	422,707
Wells Fargo Bank, N.A.	Fidelity 500 Index Fund I	**	396,820
Wells Fargo Bank, N.A.	Vanguard Intermediate-Term Treasury Fund	**	366,285
Wells Fargo Bank, N.A.	Prudential Mid Cap Value Z	**	332,606
Wells Fargo Bank, N.A.	American Funds Capital World Bond R5	**	319,723
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2035	**	311,688
Wells Fargo Bank, N.A.	T. Rowe Price Real Estate Fund	**	247,905
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2015	**	42,291
Wells Fargo Bank, N.A.	American Century Emerging Markets R6	**	30,916
Wells Fargo Bank, N.A.	John Hancock Income Fund R6	**	28,199
Wells Fargo Bank, N.A.	DFA Inflation-Protected Securities I	**	23,114
Wells Fargo Bank, N.A.	Oppenheimer International Growth Fund I	**	12,381
Wells Fargo Bank, N.A.	Templeton Foreign Fund Adv	**	11,925
			<u>11,293,199</u>
			<u>\$ 12,745,491</u>

* - Represents party in interest transactions

** - Costs omitted for participant-directed investments



PROFIT SHARING & 401(K) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016
AND YEAR ENDED DECEMBER 31, 2017



McMANUS, DOSEN & CO.
Certified Public Accountants

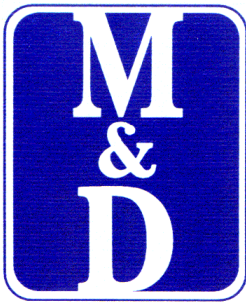
**WESTERN MANAGEMENT, INC.
PROFIT SHARING & 401(K) PLAN**

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**DECEMBER 31, 2017 AND 2016
AND YEAR ENDED DECEMBER 31, 2017**

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McMANUS, DOSEN & CO.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

TO THE PARTICIPANTS AND PLAN ADMINISTRATOR
WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Western Management, Inc. Profit Sharing & 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of schedule of assets (held at end of year), is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

A handwritten signature in blue ink that reads "McManus, Dosen & Co." in a cursive script.

McMANUS, DOSEN & CO.
Middleburg Heights, Ohio
October 3, 2018

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(k) PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016**

<u>ASSETS</u>	<u>2017</u>	<u>2016</u>
INVESTMENTS, AT FAIR VALUE (Notes 2, 3, 4 and 5).	\$ 12,300,945	\$ 10,599,115
RECEIVABLES:		
Employer contributions.	104,354	123,517
Notes receivable from participants (Notes 1 and 2)	<u>444,546</u>	<u>374,864</u>
Total receivables.	<u>548,900</u>	<u>498,381</u>
TOTAL ASSETS.	12,849,845	11,097,496
<u>LIABILITIES</u>		
EXCESS CONTRIBUTIONS PAYABLE.	<u>-</u>	<u>3,154</u>
NET ASSETS AVAILABLE FOR BENEFITS.	<u>\$ 12,849,845</u>	<u>\$ 11,094,342</u>

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

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(k) PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017**

ADDITIONS:

Investment income (Notes 2 and 10):

Net appreciation in fair value of investments.	\$1,605,676	
Dividends	162,013	
Revenue sharing.	<u>15,637</u>	
Total investment income.		\$ 1,783,326

Interest income on notes receivable from participants. 17,071

Other income (Note 2) 54,078

Contributions:

Participants.	591,698	
Employer.	318,402	
Participant rollovers.	<u>6,332</u>	
Total contributions.		<u>916,432</u>
Total additions.		<u>2,770,907</u>

DEDUCTIONS:

Benefits paid to participants.	991,067	
Administrative expenses	<u>24,337</u>	
Total deductions.		<u>1,015,404</u>

NET INCREASE. 1,755,503

NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR . 11,094,342

NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR \$ 12,849,845

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

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016 AND YEAR ENDED DECEMBER 31, 2017

1. DESCRIPTION OF PLAN

The following description of Western Management, Inc. Profit Sharing & 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering substantially all employees of Conrad's Tire Service, Inc., Xpress Tire & Auto Supply, Inc., Conrad's LaserWash Company, Inc., Western Management, Inc., S & H Industries, Inc., and Elyria Spring and Specialty, Inc., (the "Companies") who have worked 1,000 hours and attained the age of 21 within the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts – Each participant's account is credited with his or her elective deferrals, the Companies' matching contributions, if applicable, and an allocation of the Companies' profit sharing contributions, Plan earnings, and forfeitures of terminated participants' non-vested accounts, and is charged with an allocation of administrative expenses. Allocations by the Plan are based on participant earnings, account balances, or specific participant transactions, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Funding Policy – The Companies' funding policy is to make the contributions to the Plan as soon as administratively feasible.

Contributions – Participants may make pre-tax contributions in 1% increments of their compensation as defined by the Plan or a flat dollar amount per pay period up to the maximum amount set by law. Employees who become eligible to participate but do not enroll or opt out of the Plan are automatically enrolled to defer 3% of their compensation as defined by the Plan on a pre-tax basis. The Plan allows for catch-up contributions for participants who attain the age 50 before year end. Participants direct the investment of their contributions into various investment options offered by the Plan. The Companies may make discretionary employer matching contributions and profit sharing contributions. During the year ended December 31, 2017, the Companies made discretionary matching contributions of 50% of participants' contributions up to 5.0% of compensation for participants who were employees of Conrad's Tire Service, Inc., Xpress Tire & Auto Supply, Inc., and Conrad's LaserWash, Inc.; up to 4.0% of compensation for participants who were employees of Western Management, Inc.; up to 3.0% of compensation for participants who were employees of Elyria Spring and Specialty, Inc.; and up to 2.5% of compensation for participants who were employees of S & H Industries, Inc. The Companies' discretionary profit sharing contribution for the year ended December 31, 2017 was \$104,354. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code).

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Notes receivable terms range from 1 – 5 years, or longer for the purchase of a primary residence. Notes receivable are secured by the balances in the participants' accounts and bear interest at rates ranging from 4.25% to 5.25% at December 31, 2017. Principal and interest are paid ratably through bi-weekly payroll deductions. All expenses associated with the establishment and administration of the loan will be paid by or charged to the participants' accounts. Repayments of principal and interest are credited to the participants' separate accounts within the funds as elected by the participants. Until such repayments are received, the notes receivable are accounted for in the participant loan fund.

Payment of Benefits – Benefits will be paid from the Plan in a lump-sum upon the occurrence of any of the following events:

Retirement - A participant, upon retirement from employment with the Companies, at either normal retirement date or at any time thereafter, shall be entitled to receive the entire balance in his or her account.

Disability - In the event a participant becomes totally disabled, the participant shall be entitled to receive the entire balance in his or her account.

Death - Upon death of a participant, the beneficiary of the participant shall be entitled to receive the entire balance in his or her account remaining at death.

In-Service Distributions – Upon attaining the age of 59½, a participant may take in-service distributions.

Termination of Employment - Upon termination of employment with the Companies for any reason other than death, retirement, or total disability, a participant shall be entitled to the vested balance in his or her account.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Vesting – Each participant has a 100% non-forfeitable vested interest in his or her elective deferral contributions. Vesting in the participant's share of the Companies' matching and profit sharing contributions is based on years of continuous service according to a six year graduated scale. The participant will be 20% vested after two years of service and will vest an additional 20% for each year thereafter. A participant is 100% vested after six years of credited service or in the event of death, disability, or retirement.

Forfeitures – The Companies have the option to use forfeited non-vested accounts to reduce employer discretionary contributions or to reallocate these funds to participants in the same manner as the Companies' profit sharing contributions. At December 31, 2017 and 2016, forfeited non-vested accounts totaled \$26,473 and \$20,710 respectively. During 2017, forfeitures of \$20,710 were allocated to participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared using the accrual basis of accounting.

Adoption of New Accounting Standard - In May 2015, the Financial Accounting Standards Board (FASB) issued an Accounting Standards Update (ASU) which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. The ASU is effective retrospectively for fiscal years beginning after December 15, 2016. The Plan adopted this ASU for the year ended December 31, 2017 and applied the changes retrospectively to the notes to the financial statements as of December 31, 2016.

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Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed \$3,154 in excess contributions at December 31, 2016 to the applicable participants prior to March 15, 2017.

Other Income – Other income consists of participants’ uncashed benefit payment checks. These checks will be reissued and sent to the applicable participants.

Benefit Payments – Benefits are recorded when paid.

Accounting Estimates – Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported amounts of changes in net assets. Actual results could vary from the estimates that were used.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Wells Fargo Bank, N.A., the trustee of the Plan, held the Plan’s investment assets and executed transactions therein as of December 31, 2017 and 2016 and for the year ended December 31, 2017. The following is a summary of the Plan’s financial information certified by the trustee as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

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	December 31,	
	2017	2016
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Money market	887,726	1,311,397
Notes receivable from participants	444,546	374,864

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Investment income	\$1,783,326
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4. VALUATION OF INVESTMENTS

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Money market and mutual funds – Valued at the net asset value of shares held by the Plan at year-end, as reported on the active markets in which the investments are traded.

Common/collective trust – Valued at the net asset value of shares held by the Plan at year end. The net asset value, as provided by the trustee, is used as a practical expedient to estimate fair value. Net asset value is based on the fair value of the trust's underlying assets, less its liabilities. The practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different than the reported net asset value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Level 1	Total
<u>December 31, 2017</u>		
Mutual funds	\$ 11,293,199	\$ 11,293,199
Money market fund	887,726	887,726
Total investments in the fair value hierarchy	<u>\$ 12,180,925</u>	12,180,925
 Invesments measured at net asset value		<u>120,020</u>
Total investments at fair value		<u>\$ 12,300,945</u>
 <u>December 31, 2016</u>		
Mutual funds	\$ 9,287,718	\$ 9,287,718
Money market fund	1,311,397	1,311,397
Total investments at fair value	<u>\$ 10,599,115</u>	<u>\$ 10,599,115</u>

5. COMMON/COLLECTIVE TRUST

The Plan has an investment in Reliance Trust Stable Value Fund (the Fund), which is a common/collective trust fund. Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balance within the Fund to noncompeting investment. The Fund requires a 60-day advance notice in the case of a full or partial withdrawal of Plan assets from the Fund due to actions directed by the Companies.

6. PLAN TERMINATION

Although they have not expressed an intent to do so, the Companies have the right, at any time, to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. TAX MATTERS

The Plan adopted a volume submitter profit sharing plan with cash or deferred arrangement which received a favorable opinion letter from the IRS dated March 31, 2014 stating that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the opinion letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United State of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has determined that the Plan does not have any uncertain tax positions that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2014.

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Differences between the financial statements and the Form 5500 relate to the trustee reporting Plan activity on the cash basis on the Form 5500. The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500:

	December 31,	
	2017	2016
Net assets available for benefits per the financial statements	\$ 12,849,845	\$ 11,094,342
Employer contributions receivable	(104,354)	(123,517)
Excess contributions payable	-	3,154
Net assets per the Form 5500	<u>\$ 12,745,491</u>	<u>\$ 10,973,979</u>

The following is a reconciliation of net increase per the financial statements to net income per the Form 5500 for the year ended December 31, 2017:

Net increase per the financial statements	\$1,755,503
Employer contribution receivable at December 31, 2017	(104,354)
Employer contribution receivable at December 31, 2016	123,517
Excess contributions payable at December 31, 2016	<u>(3,154)</u>
Net income per the Form 5500	<u>\$1,771,512</u>

10. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are managed by Wells Fargo Bank, N.A (Wells Fargo). Wells Fargo is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Wells Fargo provides certain administrative services to the Plan. Wells Fargo receives revenue from mutual fund service providers for services provided to the funds. This revenue was used to offset certain amounts owed to Wells Fargo for its administrative services to the Plan.

11. SUBSEQUENT EVENTS

Subsequent events are those events or transactions that occur following the statement of net assets available for benefits date, but before the financial statements are issued, or are available to be issued.

FASB ASC Section 855, *Subsequent Events*, requires disclosure regarding the date through which subsequent events have been evaluated and the basis for determining that date. Subsequent events have been evaluated through October 12, 2018, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

WESTERN MANAGEMENT, INC. PROFIT SHARING & 401(k) PLAN
EMPLOYER NO. 34-1427510, PLAN NO. 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

(a) <u>Borrower, or Similar Party</u>	(c) <u>Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
<u>Participant Loans</u>			
* Participant Loans	4.25% to 5.25%	\$ -	\$ 444,546
<u>Common/Collective Trust</u>			
Wells Fargo Bank, N.A.	Reliance Trust Stable Value Fund	**	120,020
<u>Money Market Account</u>			
* Wells Fargo Bank, N.A.	Wells Fargo Adv Treasury Plus	**	887,726
<u>Mutual Funds</u>			
Wells Fargo Bank, N.A.	American Funds Capital World Growth & Income R5	**	1,219,644
Wells Fargo Bank, N.A.	T. Rowe Price Health Sciences Fund	**	927,555
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2025	**	883,827
Wells Fargo Bank, N.A.	Western Asset Core Plus Bond I	**	780,183
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2055	**	766,759
Wells Fargo Bank, N.A.	Vanguard Small-Cap Growth Index Fund	**	729,016
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2045	**	713,167
Wells Fargo Bank, N.A.	Columbia Global Technology Growth Fund Z	**	644,676
Wells Fargo Bank, N.A.	Vanguard Windsor II Fund	**	598,621
Wells Fargo Bank, N.A.	T. Rowe Price Blue Chip Growth	**	544,001
Wells Fargo Bank, N.A.	Prudential Jennison Utility Fund Z	**	483,814
Wells Fargo Bank, N.A.	Vanguard Mid-Cap Index Fund	**	455,376
Wells Fargo Bank, N.A.	Van Kampen Equity and Income Y	**	422,707
Wells Fargo Bank, N.A.	Fidelity 500 Index Fund I	**	396,820
Wells Fargo Bank, N.A.	Vanguard Intermediate-Term Treasury Fund	**	366,285
Wells Fargo Bank, N.A.	Prudential Mid Cap Value Z	**	332,606
Wells Fargo Bank, N.A.	American Funds Capital World Bond R5	**	319,723
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2035	**	311,688
Wells Fargo Bank, N.A.	T. Rowe Price Real Estate Fund	**	247,905
Wells Fargo Bank, N.A.	T. Rowe Price Retirement 2015	**	42,291
Wells Fargo Bank, N.A.	American Century Emerging Markets R6	**	30,916
Wells Fargo Bank, N.A.	John Hancock Income Fund R6	**	28,199
Wells Fargo Bank, N.A.	DFA Inflation-Protected Securities I	**	23,114
Wells Fargo Bank, N.A.	Oppenheimer International Growth Fund I	**	12,381
Wells Fargo Bank, N.A.	Templeton Foreign Fund Adv	**	11,925
			<u>11,293,199</u>
			<u>\$ 12,745,491</u>

* - Represents party in interest transactions

** - Costs omitted for participant-directed investments