

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</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); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☒ special extension (enter description) <u>SC FLOOD DISASTER FEMA-4241-DR</u>

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>DIAMOND HILL PLYWOOD COMPANY 401(K) PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1983</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1983</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1983</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DIAMOND HILL PLYWOOD COMPANY</u> <u>600 EAST BROAD STREET</u> <u>DARLINGTON, SC 29532</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>57-0278667</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>843-393-2803</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>57-0278667</u>	2c Plan Sponsor's telephone number <u>843-393-2803</u>	2d Business code (see instructions) <u>423300</u>	
2b Employer Identification Number (EIN) <u>57-0278667</u>					
2c Plan Sponsor's telephone number <u>843-393-2803</u>					
2d Business code (see instructions) <u>423300</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.	02/12/2016	RAVENEL GODBOLD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 125
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) 112
a(2) Total number of active participants at the end of the plan year	6a(2) 109
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 15
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 124
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 124
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 106
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan DIAMOND HILL PLYWOOD COMPANY 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DIAMOND HILL PLYWOOD COMPANY	D Employer Identification Number (EIN) 57-0278667	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	893030-087	0	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GIC**b** Balance at the end of the previous year **7b** 1879515**c** Additions: (1) Contributions deposited during the year **7c(1)** 46665(2) Dividends and credits **7c(2)** -5619(3) Interest credited during the year **7c(3)** 14737(4) Transferred from separate account **7c(4)** 432404(5) Other (specify below) **7c(5)** 14885

▶ LSV TRUSTEE TRANS IN PLUS LSV LOAN TRANSFER IN PLUS LSV HOLDING ACC PURCHASES

(6) Total additions **7c(6)** 503072**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 2382587**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 805214(2) Administration charge made by carrier **7e(2)** 2503(3) Transferred to separate account **7e(3)** 246702(4) Other (specify below) **7e(4)** 1328168

▶ LSV FORFEITURES PLUS LSV TRUSTEE TRANS OUT PLUS LSV LOAN TRANSFER OUT PLUS LSV HOLDING ACC REDEMPTIONS.

(5) Total deductions **7e(5)** 2382587**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

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

A Name of plan DIAMOND HILL PLYWOOD COMPANY 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DIAMOND HILL PLYWOOD COMPANY	D Employer Identification Number (EIN) 57-0278667

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-GQ6T	5	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
73	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PATRICK MOLAMPHY

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)** 1809(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 1380(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 904332

▶ TRANSFER FROM OUTSIDE NATIONWIDE

(6) Total additions **7c(6)** 907521**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 907521**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2500(2) Administration charge made by carrier **7e(2)** 154(3) Transferred to separate account **7e(3)** 427736(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 430390**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 477131

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan DIAMOND HILL PLYWOOD COMPANY 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DIAMOND HILL PLYWOOD COMPANY	D Employer Identification Number (EIN) 57-0278667	

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

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

LINCOLN NATIONAL CORPORATION

PO BOX 7877
FORT WAYNE, ID 46802

35-1440070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	14511	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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?
27	FINANCIAL ADVISOR	8743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	2838	Yes ☒ No ☐	Yes ☒ No ☐	893	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)

TRINITY PENSION GROUP

4196 MENDENHALL OAKS PARKWAY
SUITE 120
HIGH POINT, NC 27265

20-0235252

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>DIAMOND HILL PLYWOOD COMPANY 401(K) PROFIT SHARING PLAN & TRUST</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DIAMOND HILL PLYWOOD COMPANY</u>		D Employer Identification Number (EIN) <u>57-0278667</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	17645
(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)	158266	118716
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7307315	8283896
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1879514	477131
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9345095	8897388

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	9345095	8897388
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2673	
(B) Participants	2a(1)(B)	234108	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		236781
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)	6445	
(F) Other	2b(1)(F)	1380	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7825
(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)	43296	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		43296
(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)		
(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)		394464
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		682366

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1114723	
(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)		1114723
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	15350	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		15350
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1130073

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-447707
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: SHEHEEN, HANCOCK & GODWIN LLP

(2) EIN: 27-0522539

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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>DIAMOND HILL PLYWOOD COMPANY 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DIAMOND HILL PLYWOOD COMPANY</u>	D Employer Identification Number (EIN) <u>57-0278667</u>

Part I	Distributions
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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	<u>0</u>
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): <u>04-3157927</u> <u>31-4156830</u>		
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)
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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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Diamond Hill Plywood Company
401(k) Profit Sharing Plan and Trust**

Report on Audit of Financial Statements
and Supplemental Schedule

For the Years Ended December 31, 2014 and 2013

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Note: The accompanying financial statements have been prepared for the purpose of filing with Form 5500. Supplemental schedules required by section 2520.13-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), other than that listed above, are omitted because of the absence of the conditions under which they are required.

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January 12, 2016

Independent Accountants' Audit Report

To the Advisory Committee of
Diamond Hill Plywood Company
401(k) Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the financial statements of Diamond Hill Plywood Company 401(k) Plan and Trust (the "Plan") which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Financial Services, Inc. for 2014 and Wilmington Trust, N.A. for 2013, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 and for the years ended December 31, 2014 and 2013, 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 Assets Held at End of Year is required by the Department of Labor's Rules and Regulations for reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sheheen Hancock & Godwin L.L.P.

Sheheen, Hancock & Godwin, LLP
Camden, South Carolina

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits

As of December 31,

	<u>2014</u>	<u>2013</u>
Assets		
Investments at Fair Value:		
Registered Investment Companies	\$ 8,283,896	\$ 7,307,315
Investment Contract with Insurance Company	<u>460,431</u>	<u>1,879,514</u>
Total Investments at Fair Value	8,744,327	9,186,829
Receivables:		
Employer Contribution	17,645	-
Notes Receivable from Participants	<u>118,716</u>	<u>158,266</u>
Total Receivables	<u>136,361</u>	<u>158,266</u>
Total Assets	<u>8,880,688</u>	<u>9,345,095</u>
Liabilities		
Payables:		
Accrued Expenses Payable	<u>11,531</u>	<u>4,543</u>
Total Liabilities	<u>11,531</u>	<u>4,543</u>
Net Assets Available for Benefits, at Fair Value	8,869,157	9,340,552
Adjustment From Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract	<u>16,700</u>	<u>-</u>
Total Net Assets Available for Benefits	<u>\$ 8,885,857</u>	<u>\$ 9,340,552</u>

See accompanying notes and independent accountant's audit report.

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31,

	<u>2014</u>	<u>2013</u>
Additions to Net Assets Attributed to:		
Investment Income (Loss):		
Net (Depreciation) Appreciation in Fair Value of Investments	\$ 376,816	\$ 961,253
Interest	7,825	7,118
Dividends	<u>43,298</u>	<u>287,107</u>
Total Investment Income (Loss)	427,939	1,255,478
Employer Contributions	20,318	-
Employee Contributions	<u>234,109</u>	<u>212,310</u>
Total Net Additions from Investments and Contributions	<u>682,366</u>	<u>1,467,788</u>
Deductions from Net Assets Attributed to:		
Payments to Participants	(1,121,711)	(357,580)
Administrative Expenses	<u>(15,350)</u>	<u>(18,044)</u>
Total Deductions from Benefits and Expenses	<u>(1,137,061)</u>	<u>(375,624)</u>
Net Increase / (Decrease)	(454,695)	1,092,164
Net Assets Available for Benefits, Beginning of Year	<u>9,340,552</u>	<u>8,248,388</u>
Net Assets Available for Benefits, End of Year	<u>\$ 8,885,857</u>	<u>\$ 9,340,552</u>

See accompanying notes and independent accountant's audit report.

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

For the Years Ended December 31, 2014 and 2013

Note 1. Description of the Plan

The following description of the Diamond Hill Plywood Company (the “Company”) 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

A. General

The Plan is a defined contribution plan covering all employees of the Company who are at least twenty-one years of age and have completed one year of service in which they worked one thousand hours or more. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions

Each year, participants may contribute up to 50% of pretax annual compensation as defined in the Plan. Contributions are subject to certain limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual fund investment options and a stable value fund for participants.

Effective January 1, 2009, the Plan was amended to remove the mandatory requirement of employer matching contributions based upon employee elective deferral contributions, and allow for discretionary employer matching contributions based upon employee elective deferral contributions. Employer matching contributions are not guaranteed. Additional employer contribution amounts may be contributed at the discretion of the Company’s Board of Directors.

C. Participant Accounts

Each participant’s account is credited with the participant’s contribution and an allocation of the Company’s contribution and Plan earnings, and charged with an allocation of administrative expenses. Contributions and earnings/(losses) are allocated in the same ratio that each participant’s compensation for the plan year bears to the total compensation of all participants for the plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

D. Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company’s discretionary contributions plus actual earnings thereon is based on years of continuous service. A Participant is 100% vested after three years of credited service.

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

For the Years Ended December 31, 2014 and 2013

Note 1. Description of the Plan (Continued)

E. 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 account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant's loan fund. Loan terms range from one to five years or up to a customary repayment period for the purchase of the participant's principal residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The loan must provide at least quarterly payments for which repayments shall be made through direct, after-tax payroll deduction, pursuant to a level amortization schedule.

F. Payment of Benefits

On termination of service due to death, disability, retirement, or other reason, a participant or beneficiary may elect to receive distribution by a lump sum equal to the value of the participant's vested interest in his or her account, by installment payments (annually, quarterly or monthly) over a specified period of time, or any combination of these methods.

Payments to participants of \$1,121,711 for the plan year ended December 31, 2014, include corrective distributions of \$11,531 made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount of corrective distributions is also included in the plan's statement of net assets available for benefits as accrued expense payable at December 31, 2014.

G. Forfeited Accounts

Participants who terminate prior to vesting forfeit the non-vested balance in the Company's discretionary contribution account. Such forfeitures are either used to reduce employer matching contributions for the Plan year or allocated to active Plan participants in the same manner as additional employer contributions, subject to the discretion of the Company's Board of Directors. As of December 31, 2014 and 2013, the balance of forfeited non-vested accounts totaled approximately \$5,771 and \$16,737, respectively.

Note 2. Summary of Significant Accounting Policies

A. Basis of Accounting

The financial statements of the Company's Plan have been prepared on an accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

For the Years Ended December 31, 2014 and 2013

Note 2. Summary of Significant Accounting Policies (Continued)

B. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value based on quoted market prices, if available. Participant loans receivable are valued at outstanding cost plus accrued interest, which approximate fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on an accrual basis as earned.

C. Use of Estimates

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

D. Payment of Benefits

Benefits are recorded when paid.

E. Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of the notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investments related expenses are included in net appreciation of fair value of investments.

Note 3. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974. Should the Plan be terminated at some future time, the net assets available for Plan benefits at the termination date would be distributed to participants based on amounts that have been allocated to their respective accounts.

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

Note 4. Investments

The Plan's investments are held and managed by the Trustee, Nationwide Financial Services, Inc. for 2014 and Wilmington Trust, N.A for 2013. The following table presents the fair values of those investments as of December 31, 2014 and 2013. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>2014</u>	<u>2013</u>
Investments at fair value as determined by quoted market price or contract value:		
AM Beacon Large Cap Value Fund - SV, 0 and 32,237 shares, respectively	\$ -	\$ 926,824
Mainstay Large Cap Value Fund - Inst, 0 and 133,197 shares, respectively	-	1,386,584
American Euro Pacific Growth Fund, 0 and 17,314 shares, respectively	-	848,904
Goldman Sachs Mid Cap Value, 0 and 10,730 shares, respectively	-	476,753
Lincoln Financial Group Stable Value Separate Account, 0 and 1,794,532 shares, respectively	-	1,879,514
Pimco Total Return Fund - A, 0 and 191,796 shares, respectively	-	2,050,297
JPM Cor Pls Bd R6	499,166	-
Vanguard 500 Index Adml	882,630	-
Vanguard Ttl StMkt Indx Fd AS	597,967	-
Nationwide Dest 2020 Inst	559,408	-
Nationwide Fixed Select Option	460,431	-
Various other mutual funds and cash equivalents	<u>5,744,725</u>	<u>1,617,953</u>
Total Investments at Fair Value	<u>\$ 8,744,327</u>	<u>\$ 9,186,829</u>

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

Note 4. Investments (Continued)

The Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

	2014	2013
Investments at Fair Value - Quoted Market Prices		
Mutual Funds:		
Corporate Common Stocks and Index funds	\$ 376,816	\$ 961,253
Net Change in Fair Value of Mutual Fund Investments	\$ 376,816	\$ 961,253

Note 5. Information Certified by Trustee

The following financial information disclosed in the accompanying financial statements and supplemental schedule pertaining to investments, accrued interest and dividends due from brokers, investment income, and net gain from appreciation (depreciation) was supplied and certified as complete and accurate to the best of its knowledge and belief by the Plan Trustees, Nationwide Financial Services, Inc. for 2014 and Wilmington Trust, N.A. for 2013.

	2014	2013
Investments at Fair Value:		
Registered Investment Companies	\$ 8,283,896	\$ 7,307,315
Investment Contract with Insurance Company	460,431	1,879,514
Investment Income (Loss):		
Net Appreciation (Depreciation) in Fair Value of		
Investments	376,816	961,253
Interest	7,825	7,118
Dividends	43,298	287,107
Employer Contributions	20,318	-
Employee Contributions	234,109	212,310
Payments to Participants	(1,121,711)	(357,580)
Administrative Expenses	(15,350)	(18,044)

Note 6. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

Note 6. Fair Value Measurements (Continued)

Financial Accounting Standard Board Accounting Standards Codification (ASC) 820, *Fair Value Measurements & Disclosures*, establishes a framework for measuring fair value of investments. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority and Level 3 inputs consist of unobservable inputs and have the lowest priority.

When available, the Plan measures fair value using Level 1 inputs because they generally proved the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and level 3 inputs were only used when Level 1 or 2 inputs were not available.

The asset 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.

Following is a description of the valuation methodologies used for assets measure at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Level 1 Fair Value Measurements

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 3 Fair Value Measurements

Fixed Annuity Investment Contract: The Nationwide Fixed Select Option is a fixed annuity contract issued by Nationwide Life Insurance Company. This contract has crediting rates: A.M Best – A+ (superior), Moody's – A1 (good), and Standard & Poor's – A+ (strong). The assets backing this contract are held in a separate account segregated from the general assets of the issuing company held within Nationwide Life Insurance Company. The assets in the Nationwide Fixed Select Option Account are held for the exclusive benefit of contract owners and are not subject to the claims of creditors or other general account contract owners.

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

Note 6. Fair Value Measurements (Continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)		Significant Unobservable Inputs (Level 3)	
	2014	2013	2014	2013
Cash Equivalents	\$ -	\$ -	\$ -	\$ -
Registered Investment Companies	8,283,896	7,307,315	-	-
Fixed Annuity Investment Contract	-	-	460,431	1,879,514
Total	<u>\$ 8,283,896</u>	<u>\$ 7,307,315</u>	<u>\$ 460,431</u>	<u>\$ 1,879,514</u>

The following table reconciles the beginning and ending balances at fair value measurements using significant unobservable inputs (Level 3) of the fixed annuity investment contract for the years ending December 31, 2014 and 2013:

	Lincoln Stable Value Separate Account Fund	Nationwide Fixed Select Option Fund
<u>December 31, 2014</u>		
Beginning Balance	\$ 1,879,514	\$ -
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Available for Benefits	503,073	890,821
Purchases, Sales, Issuances and Settlements (Net)	(2,382,587)	(430,390)
Ending Balance	<u>\$ -</u>	<u>\$ 460,431</u>
<u>December 31, 2013</u>		
Beginning Balance	\$ 1,702,136	\$ -
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Available for Benefits	62,207	-
Purchases, Sales, Issuances and Settlements (Net)	115,171	-
Ending Balance	<u>\$ 1,879,514</u>	<u>\$ -</u>

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

For the Years Ended December 31, 2014 and 2013

Note 7. Fully Benefit-Responsive Investment Contract

The Plan offers as an investment option called the Nationwide Fixed Select Option account. The assets invested in this contract are part of the general assets of Nationwide Life Insurance Company.

Investments held in the Nationwide Fixed Select Option separate account are fully benefit-responsive under FASB ASC 962. These investments are reported at fair value in the statement of net assets available for plan benefits. In addition, any material difference between the fair value of these investments and their contract value is to be presented as a separate adjustment line attributable to fully benefit-responsive investment contracts in the statement of net assets available for plan benefits.

The contract value represents principal contributions made by participants, plus interest accrued at a crediting rate established under the contract, less participant withdrawals and administrative expenses. The Plan's management has determined that the contract value of the Plan's fully benefit-responsive investment contract approximates fair value as of December 31, 2013. As of December 31, 2014 contract value exceeded fair value by approximate \$16,700 as reflected on the Statement of Net Assets Available for Benefits.

In certain circumstances, the amount withdrawn from the contract would be payable at fair value rather than at contract value. These events include termination of the Plan, a material adverse change to the provisions of the Plan, the Plan's election to withdraw from the contract in order to change to a different investment provider or employer initiated events, if material. The Plan Administrator does not believe that the occurrence of any such event is probable.

Examples of events that would permit an issuer of a contract to terminate the contract upon short notice include the Plan's loss of its qualified status, material breaches of responsibilities that are not corrected, or material and adverse changes to the provisions of the Plan. If one of these events was to occur, the contract issuer could terminate the contract at the fair value based upon a contractual formula.

The fair value of the Nationwide Fixed Select Option separate account investment contract at December 31, 2014 was \$460,431 and the fair value of the Lincoln Stable Value Separate account investment contract at December 31, 2013 was \$1,879,514. The average yield and crediting interest rate was approximately 2% and 2% for 2014 and 2013, respectively. The crediting interest is based on a formula agreed upon with the issuer, but may not be less than 1.00% under the new separate account investment contract and 1.75% under the previous investment contract. Such interest rates are reviewed on a quarterly basis for resetting.

Note 8. Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds or annuity contracts managed by Nationwide Financial Services, Inc., the trustee of the Plan. These transactions qualify as party-in-interest transactions due to the relationship of these companies with the Plan. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

For the Years Ended December 31, 2014 and 2013

Note 8. Related Party Transactions and Party-in-Interest Transactions (Continued)

As described in Note 2, the Plan made direct payments to the third party administrator that were not covered by revenue sharing totaling \$15,350 and \$18,044, for the years ending December 31, 2014 and 2013, respectively.

The Company, as plan sponsor, paid certain plan administrative expenses for the years ended December 31, 2014 and 2013 including accounting and audit fees and certain other administrative expenditures. Total fees paid by the plan sponsor during 2014 and 2013 were approximately \$11,900 in each year.

Note 9. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>2014</u>	<u>2013</u>
Net Assets Available for Benefits per the Financial Statements	\$ 8,885,857	\$ 9,340,552
Accrued Expenses Payable	<u>11,531</u>	<u>4,543</u>
Net Assets Available for Benefits per Schedule H to the 5500	<u>\$ 8,897,388</u>	<u>\$ 9,345,095</u>

The following is a reconciliation of benefits payments to participants per the financial statements to Schedule H of Form 5500:

	<u>2014</u>	<u>2013</u>
Payments to Participants per the Financial Statements	\$ 1,121,711	\$ 357,580
Accrued Corrective Distributions	<u>(6,988)</u>	<u>(5,002)</u>
Payments to Participants per Schedule H to the Form 5500	<u>\$ 1,114,723</u>	<u>\$ 352,578</u>

Note 10. Tax Status

The Internal Revenue Service has determined and informed Diamond Hill Plywood Company, by letter dated April 18, 1990, that the Plan is qualified and the Trust established under the Plan is tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan has been amended since the determination letter was issued. However, the Plan administrator and the Plan's legal counsel have on file a determination letter from the Internal Revenue Service dated August 11, 2005, stating the Plan is qualified and the related Trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the administering taxing authority.

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

For the Years Ended December 31, 2014 and 2013

Note 10. Tax Status (Continued)

The Plan may be 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 2011.

Note 11. Risk and Uncertainties

The Plan invests in investments 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.

Note 12. Management Review of Subsequent Events

Management has evaluated subsequent events through January 12, 2016, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

EIN 57-0278667, Plan 001

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

As of December 31, 2014

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Market Value
	Abrden Gbl Eq Inst	Mutual Fund	** \$	219,001
	Fed Clover Sm Val Inst	Mutual Fund	**	66,938
	FidAdv Gr Oppr Inst	Mutual Fund	**	83,598
	WR Ivy Hi Inc I	Mutual Fund	**	168,822
	Jns Entrp I	Mutual Fund	**	16,597
	JPM Cor Pls Bd R6	Mutual Fund	**	499,166
	MFS Val R4	Mutual Fund	**	250,828
	Nuvn Strat Inc I	Mutual Fund	**	104,836
	Prudntl Gbl Real Est Z	Mutual Fund	**	266,787
	Prudntl Jnism Util Z	Mutual Fund	**	76,535
	Invscv Conv Sec Y	Mutual Fund	**	279,758
	MFS Intl Val R4	Mutual Fund	**	66
	TrowePr Hlth Scnc	Mutual Fund	**	348,904
	Drey Cash Mgt Inst	Mutual Fund	**	5,771
	DFA Emrg Mkt Cor Inst	Mutual Fund	**	107,460
	JPM Eq Inc Sel	Mutual Fund	**	170,811
	RS Sel GR Y	Mutual Fund	**	30,878
	PIMCO StkPLUS Ttl Rtn Inst	Mutual Fund	**	3,460
	Col Sel LgCap Fr R5	Mutual Fund	**	176,652
	Vanguard 500 Index Adml	Mutual Fund	**	882,630
	Vanguard Gr Indx Adml	Mutual Fund	**	195
	Vanguard Ttl Bnd Mkt Idx Adm	Mutual Fund	**	128,683
	Vangrd Ttl IntlStkIndx Adml	Mutual Fund	**	63,528
	Vanguard Ttl StMkt Indx Fd AS	Mutual Fund	**	597,967
	DFA US LgCap Val	Mutual Fund	**	114,746
	DFA US Trgt Val	Mutual Fund	**	16,699
	Prudntl Ttl Rtn Bd Z	Mutual Fund	**	332,643
*	Nationwide Inv Dest Cnsvr Inst	Mutual Fund	**	438,874
	MFS Rsrch R4	Mutual Fund	**	255,064
*	Nationwide Dest 2010 Inst	Mutual Fund	**	18,666
*	Nationwide Dest 2015 Inst	Mutual Fund	**	238,259
*	Nationwide Dest 2020 Inst	Mutual Fund	**	559,408
*	Nationwide Dest 2025 Inst	Mutual Fund	**	10,461
*	Nationwide Dest 2030 Inst	Mutual Fund	**	60,036
*	Nationwide Dest 2040 Inst	Mutual Fund	**	6,302
*	Nationwide Dest 2050 Inst	Mutual Fund	**	2,503

See Independent Accountant's Audit Report.

Diamond Hill Plywood Company 401(k) Profit Sharing Plan and Trust

EIN 57-0278667, Plan 001

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

As of December 31, 2014

(Continued)

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Market Value
*	Nationwide Retirement Inc Inst	Mutual Fund	**	11,379
	Opp Intl Bd Y	Mutual Fund	**	198,866
	Opp Intl Gr Y	Mutual Fund	**	297,383
*	Nationwide Fixed Select Ooption	Fixed Annuity Contract	**	460,431
	Prudntl High Yield Z	Mutual Fund	**	199,746
	PIMCO SmCapStkPlsARStr Inst	Mutual Fund	**	9,127
	Vanguard Explr Inv	Mutual Fund	**	86,889
	Vanguard Target Retirement 2040 Inv	Mutual Fund	**	62,248
	Vanguard Strat Eq Inv	Mutual Fund	**	81,978
	Vanguard Sel Val Inv	Mutual Fund	**	5,467
	Vanguard Target Retirement 2010 Inv	Mutual Fund	**	27,322
	Vanguard Target Retirement Inc	Mutual Fund	**	216,657
	Vanguard Target Retirement 2025 Inv	Mutual Fund	**	<u>28,204</u>
	Mutual Funds & Investments Contracts			8,744,327
*	Notes Receivable from Participants (Participants Loans)	4.25-9.25%		<u>118,716</u>
	Total Investments at Fair Value			<u>\$ 8,863,043</u>

* A Party-in-interest as defined by ERISA.

** Cost information is not required for participant directed investments and therefore is not included.

See Independent Accountant's Audit Report.

Diamond Hill Plywood Company 401(k) PSP & Trust
Schedule H, line 4i-Schedule of Assets Held of Investment Purposes
Plan Sponsor EIN 57-0278667
Plan No. 001
Year Ending December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	ID		Current Value
	Abrden Gbl Eq Inst	AAOA		\$219,000.54
	AmCent ShtDrInflPrtBd Inst	AIPA		\$234,390.92
	Fed Clover Sm Val Inst	AKNA		\$66,937.93
	FidAdv Gr Oppr Inst	AMSA		\$83,597.63
	WR Ivy Hi Inc I	AOQA		\$168,822.13
	Jns Entrp I	APKA		\$16,596.99
	JPM Cor Pls Bd R6	AQHA		\$499,165.68
	MFS Val R4	AVYA		\$250,828.19
	Nuvn Strat Inc I	AXYA		\$104,836.16
	Prudntl Gbl RealEst Z	AZXA		\$266,787.23
	Prudntl Jnism Util Z	BADA		\$76,535.35
	Invsco Conv Sec Y	BIQA		\$279,757.62
	MnSty ICAP Intl I	BKLA		\$220,707.06
	MFS Intl Val R4	BOTA		\$65.62
	TRowePr Hlth Scnc	BQGA		\$348,903.56
	Drey Cash Mgt Inst	BQPA		\$5,770.61
	DFA Emrg Mkt Cor Inst	BTMA		\$107,460.25
	JPM Eq Inc Sel	BUDA		\$170,811.02
	RS Sel Gr Y	CCMA		\$30,877.63
	PIMCO StkPLUS Ttl Rtn Inst	CDVA		\$3,460.22
	Col Sel LgCap Gr R5	CQHA		\$176,652.44
	Vngrd 500 Index Fd AS	CSLA		\$882,630.04
	Vngrd Gr Indx Adml	CSRA		\$198.61
	Vngrd Ttl Bnd Mkt Idx Adm	CSYA		\$128,682.69
	Vngrd Ttl IntlStkIndx Adml	CSZA		\$63,528.17
	Vngrd Ttl StMkt Indx Fd AS	CUQA		\$597,966.86
	DFA US LgCap Val	DFLA		\$114,746.29
	DFA US Trgt Val	DFXA		\$16,698.48
	Prudntl Ttl Rtn Bd Z	DRBA		\$332,643.06
	NW Inv Dest Cnsrv Inst	GICA		\$438,874.18
	MFS Rsrch R4	MFRA		\$255,063.79
	NW Dest 2010 Inst	NWLA		\$18,665.45
	NW Dest 2015 Inst	NWMA		\$238,258.61
	NW Dest 2020 Inst	NWNA		\$559,407.85
	NW Dest 2025 Inst	NWOA		\$10,460.85
	NW Dest 2030 Inst	NWPA		\$60,036.02

NW Dest 2040 Inst	NWRA	\$6,302.39
NW Dest 2050 Inst	NWTA	\$2,503.33
NW Rtrmt Inc Inst	NWUA	\$11,378.97
Opp Intl Bd Y	OIBA	\$198,865.88
Opp Intl Gr Y	OIGA	\$297,382.57
NW FXD SEL OPTN	PFA1	\$477,130.96
Prudntl Hi Yld Z	PHZA	\$199,746.15
PIMCO Stk PLUS Sm Inst	PXSA	\$9,127.40
Vngrd Explr Inv	VEXA	\$86,889.40
Vngrd Trgt Rtrmt 2040 Inv	VFOA	\$62,247.72
Vngrd Strat Eq Inv	VSQA	\$81,977.48
Vngrd Sel Val Inv	VSXA	\$5,466.65
Vngrd Trgt Rtrmt 2010 Inv	VTEA	\$27,321.56
Vngrd Trgt Rtrmt Inc	VTNA	\$216,657.21
Vngrd Trgt Rtrmt 2025 Inv	VTTA	\$28,203.52

Cost has been omitted as the investment is participant directed.		\$8,761,026.92
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