Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2017** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC. EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1988

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)
DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC.

323 SOUTH WAYNE AVE
CINCINNATI, OH 45215

2b Employer Identification Number (EIN) 31-1589113

2c Plan Sponsor's telephone number 513-378-9509

2d Business code (see instructions) 238220

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.	09/27/2018	ANDREW J. KULESZA
	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

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

DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC.

323 SOUTH WAYNE AVE
CINCINNATI, OH 45215

3b Administrator's EIN
31-1589113

3c Administrator's telephone number
513-378-9509

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**	228
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)**	15
a(2) Total number of active participants at the end of the plan year	**6a(2)**	8
b Retired or separated participants receiving benefits	**6b**	4
c Other retired or separated participants entitled to future benefits	**6c**	7
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	19
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	19
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	19
h Number of participants who 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:

2O 3I

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) ☐ 0 **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 H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC.

D Employer Identification Number (EIN)
31-1589113

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	205356	62343
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	82	24
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	413855	263520
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	4530289	0
(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	5149582	325887
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5149582	325887

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2565	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2565
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	400000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	399820	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		180
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-669674	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-669674

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-666929
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4146316	
(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)		4146316
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	10450	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10450
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4156766
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-4823695
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BARNES, DENNIG & CO., LTD. **(2)** EIN: 31-1119890

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1500000
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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under 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.**	**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
DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC.

D Employer Identification Number (EIN)
31-1589113

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** 3860615

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): 03-0565750 _____

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**

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: 0.0% 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):

Diversified Industrial Capital Group, Inc.
Employee Stock Ownership Plan

Financial Statements
With Supplementary Information
Years Ended December 31, 2017 and 2016
With Independent Auditors' Report

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Independent Auditors' Report

To the Plan Administrator of the
Diversified Industrial Capital Group, Inc. Employee Stock Ownership Plan
Cincinnati, Ohio

We have audited the accompanying financial statements of Diversified Industrial Capital Group, Inc. Employee Stock Ownership Plan, which comprise the statements of net assets available for benefits in liquidation as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits in liquidation 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits in liquidation of Diversified Industrial Capital Group, Inc. Employee Stock Ownership Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits in liquidation for the year ended December 31, 2017 in accordance with accounting principles generally accepted in the United States of America.

Independent Auditors' Report
(Continued)

Emphasis of Matter – Nonreadily Marketable Investments

As discussed in Note 2, the financial statements include common stock of Diversified Industrial Capital Group, Inc. valued at $-0- (0% of net assets) and $4,530,289 (88% of net assets) at December 31, 2017 and 2016, respectively, whose fair value has been measured by the Employee Stock Ownership Plan Committee of Diversified Industrial Capital Group, Inc. (the "Committee"), based on an independent appraisal, in the absence of a readily ascertainable market value. We have examined the procedures applied by the Committee in arriving at its estimate of the fair value of such securities and have inspected the underlying documentation, and in the circumstances, we believe that such procedures are reasonable and the documentation appropriate. However, because of inherent uncertainty of a valuation, those estimated values may differ significantly from the values that would have been used had a ready market for the securities existed, and the differences could be material. Our opinion is not modified with respect to that matter.

Emphasis of Matter – Liquidation Basis of Accounting

As described in Note 5 to the financial statements, management of Diversified Industrial Capital Group, Inc. determined liquidation of the plan is imminent. As a result, the Plan is presenting the financial statements on the liquidation basis. Our opinion is not modified with respect to that matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Barnes, Dennig & Co.

September 19, 2018
Cincinnati, Ohio

DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Statements of Net Assets Available for Benefits in Liquidation
December 31, 2017 and 2016

	2017	2016
Assets		
Investments - at fair value:		
Common stock of Diversified Industrial Capital Group, Inc.	$ -	$ 4,530,289
Certificates of deposit	-	399,820
Money market fund	263,520	14,035
Total investments - at fair value	263,520	4,944,144
Other receivable	24	82
Cash - noninterest bearing	62,343	205,356
Total assets	325,887	5,149,582
Net assets available for benefits in liquidation	$ 325,887	$ 5,149,582

The accompanying notes are an integral part of these financial statements

DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Statement of Changes in Net Assets Available for Benefits in Liquidation
Year Ended December 31, 2017

Additions	
Investment income:	
Net appreciation in fair value of other investments	$ 180
Interest income	2,565
Total investment income	2,745
Total additions	2,745
Deductions	
Net change in fair value of Diversified Industrial Capital Group, Inc. common stock	669,674
Distributions to participants	4,146,316
Administrative expenses	10,450
Total deductions	4,826,440
Net decrease	4,823,695
Net assets available for benefits in liquidation	
Beginning of year	5,149,582
End of year	$ 325,887

The accompanying notes are an integral part of these financial statements

DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Notes to Financial Statements

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Diversified Industrial Capital Group, Inc. Employee Stock Ownership Plan (the "Plan") provides only general information. Participants should refer to their Diversified Industrial Capital Group, Inc. Employee Stock Ownership Plan handbook for a more complete description of the Plan's provisions.

General

Diversified Industrial Capital Group, Inc. (the "Company") established the Plan effective as of January 1, 1989. As of January 1, 2014, the Plan was amended and operates, in relevant part, as a non-leveraged employee stock ownership plan (the "ESOP"), and is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986, as amended (the "Code") and will be funded entirely through Company contributions. The Company's contributions to the Plan are discretionary. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (the "ERISA"). The Plan is administered by the ESOP Committee of Diversified Industrial Capital Group, Inc. (the "Committee") appointed by the Company's Board of Directors. The common shares of the Company are valued annually as of December 31 (the "valuation date") based on an appraisal by an independent third party.

Eligibility and Participation

Employees of the Company and its subsidiaries 1896 Holdings, Inc., 1996 Holdings, Inc., R.E. Kramig & Co., Inc., Incorp, Inc. and EcoQuip, Inc. except (i) co-op students, (ii) individuals during any period of time when that person accrues benefits under any tax-qualified defined benefit pension plan maintained, sponsored, or contributed by the Company or its subsidiaries, or (iii) leased employees, are generally eligible to participate in the Plan provided they have attained age 21 and have been credited with at least one full year of "credited service". Eligible participants enter into the Plan on January 1st coinciding with or immediately preceding the date upon the satisfaction of the eligibility requirements. Participants are not required or permitted to make rollover contributions or any other employee contribution to the Plan.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each year with an allocation of shares of the Company's common stock released from the unallocated account and forfeitures of terminated participants' non vested accounts. Only those participants who are eligible employees of the Company as of the last day of the plan year will receive an allocation. Allocations are based on a participant's eligible compensation, relative to total eligible compensation.

Payment of Benefits

Normal retirement age is 65 years. Early retirement is permitted if a participant is 100% vested and is at least 60 years of age at the time of his or her retirement. An earlier retirement age (age 55) applies to participants who have benefits attributable to periods before July 1, 2011, but only with respect to those pre-July 1, 2011 benefits.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits (Continued)

If a participant's termination status as an employee is as a result of his death or permanent disability, his account becomes fully vested. Otherwise, if an inactive participant dies or becomes disabled, his account shall be reduced by the portion not vested prior to his death. Distributions triggered by a participant's death are as of the valuation date preceding the date on which the participant's death occurs. Distributions for disability and retirement are as of the valuation date preceding the date of disability or retirement and are paid no earlier than the date nearest the date on which he ceases to be an employee and not later than the required distribution date in the Code. Distributions for participants terminated prior to retirement, death or disability, are as of the valuation date preceding the benefit commencement date and will be paid no earlier than the last day of the fifth Plan year following the Plan year in which he ceases to be an employee and not later than the required distribution date in the Code. Distributions are made in cash or in stock or a combination of both and can be received in substantially equal installments (except death) over five years or in a lump sum.

Expenses

Professional and accounting fees and certain plan administration fees are paid by the Company. Certain plan administration fees are charged to the Plan. In 2017, $10,450 of expenses were paid to Blue Ridge ESOP Associates.

Diversification

Shares purchased by the ESOP after December 31, 1986, are subject to the diversification rules of Code Section 401(a)(28)(B). Qualified participants (have obtained age 55 and 10 years of participation) must be permitted to diversify up to 25% of the value of post-1986 shares allocated to their account. This election period runs for each year in which you are qualified and are under the age of 60. In the year in which the qualified participant reaches age 60, the participant may elect to diversify up to 50% of shares allocated to their accounts.

Put Option

Under Federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchases with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Vesting

Participant account balances vest at a rate of 20% per year in years two through six of participation in the Plan, with full vesting upon the earlier of normal retirement, disability, death or six years of vesting service.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts and Forfeitures

Employer contributions and plan forfeitures are allocated to each participant's account based on the relation of the participant's compensation to total compensation for the plan year. Forfeitures of terminated nonvested account balances at December 31, 2017 and 2016, totaled $-0-. $296,700 of forfeitures were allocated to participants during 2017. Plan earnings are allocated to each participant's account based upon the beginning balances in their cash account less any distribution from such account since the preceding allocation date. Plan expenses are allocated to each participant's account based upon their total beginning account balances less any distributions since the preceding allocation date.

Voting Rights

The Trustee will vote all Company stock held by it as a part of the Plan assets, provided that the participant or beneficiary will be entitled to direct the Trustee as to the manner in which voting rights on shares of Company stock which are allocated to your account are to be exercised (i) with respect to any corporate matter which involves the voting of such shares with respect to the approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all assets of a trade or business, or such similar transaction, and (ii) with respect to all corporate matters if, at the time of the vote thereon, the Company stock is a "registration type" class of securities. If the participant does not timely exercise their right to vote Company stock, the Trustee will vote such Company stock.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates. The Plan invests primarily in common stock of the Company. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition

The common stock of the Company (252.5165 and 1,708.2537 shares held at December 31, 2017 and 2016, respectively) is not actively traded. The estimated fair value of the common stock ($0.00 and $2,652.00 per share at December 31, 2017 and 2016, respectively) is based upon appraisals from an independent appraisal company. Such appraisals represent a fair value for the stock in the opinion of the Committee. The cost of common stock redeemed from participants is determined by the average cost method.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

Dividend income is accrued on the ex-dividend date.

Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Certificates of Deposit and Cash

Certificates of deposit at December 31, 2016 consisted of amounts on deposit at banks or savings and loan associations, with an interest rate of 0.65%, maturing May 2017. There were no certificates of deposit at December 31, 2017.

The Plan maintains its cash in bank deposit accounts which, at times, exceed federally insured limits. The Plan has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk.

Administration of Plan Assets

At December 31, 2017 and 2016, the Plan held 252.5165 and 1,708.2537, respectively, of common stock of the Company, the sponsoring employer, which qualify as party-in-interest transactions.

Several employees of the Company provide administrative services to the Plan. These services include Plan oversight and day-to-day Plan administration. The Plan is not charged by the Company for the services of the employees to the Plan.

Subsequent Events

In preparing its financial statements, the Plan has evaluated events subsequent to the balance sheet date through September 19, 2018, which is the date the financial statements were available to be issued.

NOTE 3 FAIR VALUE MEASUREMENTS

GAAP provisions for Fair Value Measurements establishes a 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 GAAP provisions for Fair Value Measurements are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Common Stock of Diversified Industrial Capital Group, Inc.: The fair market value of the Company's assets and liabilities were examined to arrive at an estimated fair value.

Certificate of Deposits: The fair value of certificates of deposits are based on the discounted value of contractual cash flows using interest rates being offered on certificates with similar maturities considering the creditworthiness of the issuer.

Money Market Fund: The fair value of the money market fund is the daily closing price as reported by the fund. The money market fund held by the Plan is an open-ended mutual fund that is registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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 a different fair value measurement at the reporting date.

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Certificates of deposit	$ -	$ -	$ -	$ -
Money market fund	-	263,520	-	263,520
Common stock of Diversified Industrial Capital Group, Inc.	-	-	-	-
Total assets at fair value	$ -	$ 263,520	$ -	$ 263,520

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Certificates of deposit	$ -	$ 399,820	$ -	$ 399,820
Money market fund	-	14,035	-	14,035
Common stock of Diversified Industrial Capital Group, Inc.	-	-	4,530,289	4,530,289
Total assets at fair value	$ -	$ 413,855	$ 4,530,289	$ 4,944,144

The following is a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2017:

	Common stock of Diversified Industrial Capital Group, Inc.
Balance, beginning of year	$ 4,530,289
Unrealized losses relating to instruments still held at the reporting date	(669,674)
Benefits paid to participants	(3,860,615)
Balance, end of year	$ -

NOTE 4 TAX STATUS

The Plan received a determination letter from the Internal Revenue Service letter dated March 23, 2015 stating that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. This letter expires on January 31, 2019. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

NOTE 5 PLAN TERMINATION

The Company has the right under the Plan to terminate the Plan, subject to Plan provisions. Upon such termination of the Plan, each participant becomes fully vested in the amount credited to his or her account at such time.

During 2017 the Company's operations ceased. As an ESOP, the Plan's significant asset is the common stock of the Company. As a result, the Committee determined that liquidation is imminent. As a result, the Plan is presenting the financial statements on the liquidation basis. It is unknown as of the date of these financial statements when the liquidation will be completed.

NOTE 6 PARTIAL PLAN TERMINATION

During 2016, a partial plan termination occurred as a result of the sale of Incorp, Inc. and EcoQuip, Inc. to an unrelated third party. All of the employees employed by Incorp, Inc. and EcoQuip, Inc. were terminated during 2016. As a result, the participants who terminated as a part of this sale became fully vested in their employer contributions. Under the Plan, a participant would have to wait until the earliest of attaining normal retirement age, death, or a five-year break in employment before receiving a distribution of their vested account balance. During 2017 the Plan was amended to waive this requirement, making any participant terminated prior to January 1, 2017 eligible to request a distribution of their vested account balance.

During 2017, a partial plan termination occurred as a result of the wind-down of operations of the Company. As a result, the participants who terminated as a part of this wind down became fully vested in their employer contributions. Under the Plan, a participant would have to wait until the earliest of attaining normal retirement age, death, or a five-year break in employment before receiving a distribution of their vested account balance. During 2017 the Plan was amended to waive this requirement, making any participant terminated on or after November 1, 2017 on account of the closure of the Company's materials distribution division eligible to request a distribution of their vested account balance.

DIVERSIFIED INDUSTRIAL CAPITAL GROUP, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2017

Schedule H (Form 5500)
EIN 31-1589113
Plan Number – 002

Column A	Column B	Column C	Column D	Column E
	Identity of issue	Description of Investment	Cost	Current Value
*	Diversified Industrial Capital Group, Inc.	Common Stock of Diversified Industrial Capital Group, Inc.	$ 202,648	$ -
	Fifth Third Bank	Money market fund	263,520	263,520
		Total	$ 466,168	$ 263,520

* NOTE: The common stock of Diversified Industrial Capital Group, Inc. is a party-in-interest to the Plan and is not actively traded. The market value of the common stock is based upon an appraisal from an independent appraisal company. Such appraisal represents a fair value for the stock in the opinion of the Committee of the Plan.

See independent auditors' report

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Diversified Industrial Capital Group, Inc. Employee Stock Ownership Plan

Employer Identification Number:► 31-1589113

For plan year (beginning/ending):► 1/1/17 - 12/31/17 Plan number:► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Diversified Industrial Capital Group, Inc.	**Common Stock**	**202,648**	**0**
	Fifth Third Bank	Money Market fund	263,520	263,520