

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

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>AXION STRUCTURAL INNOVATIONS L 401(K) PROFIT SHARING PLAN & TRUST</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2008</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AXION INTERNATIONAL INC</u> <u>PO BOX 3508</u> <u>ZANESVILLE, OH 43701-7251</u>	2b	Employer Identification Number (EIN) <u>47-4708385</u>
		2c	Plan Sponsor's telephone number <u>908-542-0888</u>
		2d	Business code (see instructions) <u>541600</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	RHONDA MCGEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name AXION STRUCTURAL INNOVATIONS L c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 123
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) 88
a(2) Total number of active participants at the end of the plan year	6a(2) 64
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 46
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 110
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 110
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 76
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: 2E 2F 2G 2J 2T 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan AXION STRUCTURAL INNOVATIONS L 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 AXION INTERNATIONAL INC	D Employer Identification Number (EIN) 47-4708385	

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	
MERRILL LYNCH, PIERCE, FENNER	WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK, NY 10281
13-5674085	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PAYCHEX SECURITIES CORPORATION	225 KENNETH DRIVE ROCHESTER, NY 14623
16-1486352	

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

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

MERRILL LYNCH, PIERCE, FENNER

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

13-5674085

(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?
	BROKERAGE		Yes ☒ No ☐	Yes ☐ No ☒	6432	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERRILL LYNCH, PIERCE, FENNER	52 59 60 63	6432
(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.	
MERRILL LYNCH, PIERCE, FENNER 13-5674085 4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK, NY 10281		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>AXION STRUCTURAL INNOVATIONS L 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>AXION INTERNATIONAL INC</u>	D Employer Identification Number (EIN) <u>47-4708385</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a Total noninterest-bearing cash	1a		0	
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)		0	0
(2) Participant contributions	1b(2)		0	0
(3) Other.....	1b(3)		0	0
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		233	77
(2) U.S. Government securities.....	1c(2)		0	
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)		0	
(B) All other.....	1c(3)(B)		0	
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)		0	
(B) Common	1c(4)(B)		0	
(5) Partnership/joint venture interests	1c(5)		0	
(6) Real estate (other than employer real property)	1c(6)		0	
(7) Loans (other than to participants)	1c(7)		0	
(8) Participant loans	1c(8)		15346	10160
(9) Value of interest in common/collective trusts.....	1c(9)		0	0
(10) Value of interest in pooled separate accounts.....	1c(10)			
(11) Value of interest in master trust investment accounts	1c(11)		0	0
(12) Value of interest in 103-12 investment entities	1c(12)		0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		285083	390010
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(15) Other	1c(15)		0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	300662	400247

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
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	300662	400247
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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)	0	
(B) Participants	2a(1)(B)	82828	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		82828
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(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)	585	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		586
(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)	17147	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		17147
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		16212
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		116773

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13998	
(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)		13998
f Corrective distributions (see instructions)	2f		2859
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	331	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		331
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17188

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		99585
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: GBQ PARTNERS

(2) EIN: 20-2122306

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		30066
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan AXION STRUCTURAL INNOVATIONS L 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 AXION INTERNATIONAL INC		D Employer Identification Number (EIN) 47-4708385
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
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): 16-1470238		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		

- 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): _____

• **Financial Statements**
• with Supplementary Information

• **Axion Structural**
• **Innovations L 401(k)**
• **Profit Sharing Plan**
• **and Trust**

• December 31, 2017 and 2016



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To the Plan Sponsor
Axion Structural Innovations L 401(k) Profit Sharing Plan and Trust
Dublin, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Axion Structural Innovations L 401(k) Profit Sharing Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of 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 2017 financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the 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 of Axion Structural Innovations L 401(k) Profit Sharing Plan and Trust as of December 31, 2017 and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America

Other Matters

We have compiled the accompanying statement of net assets available for benefits as of December 31, 2016. We have not audited or reviewed the accompanying financial statement and, accordingly, do not express an opinion or provide any assurance about whether the financial statement is in accordance with accounting principles generally accepted in the United States of America.

Other Matter – Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

GBQ Partners LLC

Columbus, Ohio
October 15, 2018

AXION STRUCTURAL INNOVATIONS L 401(K) PROFIT SHARING PLAN AND TRUST

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



	2017	2016 (Compiled)
Assets		
Mutual funds investments at fair value	\$ 390,087	\$ 285,316
Notes receivable from participants	10,160	15,346
NET ASSETS AVAILABLE FOR BENEFITS	\$ 400,247	\$ 300,662

The accompanying notes are an integral part of the financial statements.

AXION STRUCTURAL INNOVATIONS L

401(K) PROFIT SHARING PLAN AND TRUST

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

	2017
Additions to Net Assets Attributed to:	
Net appreciation in fair value of investments	\$ 16,212
Interest and dividends	17,147
Interest income on notes receivables from participants	586
	33,945
Participants contributions	82,828
Total additions	116,773
Deductions from Net Assets Attributed to:	
Benefits paid to participants	17,188
Net increase	99,585
Net Assets Available for Benefits:	
Beginning of year	300,662
End of year	<u><u>\$ 400,247</u></u>

The accompanying notes are an integral part of the financial statements.

AXION STRUCTURAL INNOVATIONS L 401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements
December 31, 2017 and 2016



Plan Description

The following description of the Axion Structural Innovations L 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.

General

The Plan is a defined contribution plan covering all employees of Axion Structural Innovations L (the Plan Sponsor) who are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 75% of pretax annual compensation, as defined in the plan agreement. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions, representing distributions from other qualified plans. Upon completing one year of service, participant will become eligible to receive discretionary matching contributions and employer profit sharing contributions.

Under the Plan documents, the Plan Sponsor may elect to make a discretionary matching contributions equal to a uniform percentage of participants' salary deferrals and employer profit sharing contributions. No Plan Sponsor contributions were made for the plan year ending December 31, 2017.

Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contributions and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and in the Plan Sponsor discretionary matching contributions plus actual earnings thereon. Participants will become 100% vested in the Plan Sponsor profit sharing contributions plus actual earnings thereon after 3 years of service.

Investment Options

A participant may direct Plan Sponsor and participant contributions in any of the various investment options offered by the Plan. Participants may change their investment options at any time.

AXION STRUCTURAL INNOVATIONS L 401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements
December 31, 2017 and 2016



Plan Description (continued)

Note 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. The loans are secured by the balance in the participant's account. The loan interest rate is determined by the plan administrator at the time the loan is issued. The loans bear interest ranging from 4.25% to 4.5% at December 31, 2017 and 2016. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to separation of service, disability, death or retirement, a participant may elect to receive either a lump-sum distribution equal to the value of the participant's vested interest in his or her account, or elect to receive partial withdrawals or installments for required minimum distributions.

Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. For additional disclosure regarding fair value of investments, see the Fair Value Measurements footnote herein.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

AXION STRUCTURAL INNOVATIONS L 401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements
December 31, 2017 and 2016

Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Plan Sponsor, as provided by the plan agreement.

Fair Value Measurements

GAAP established a fair value hierarchy that prioritizes the inputs to measure the fair value of the assets or liabilities being measured. Fair value is defined as the exchange value that would be received on the measurement date to sell an asset or to value the amount paid to transfer a liability in the principal or most advantageous market available to the entity in an orderly transaction between market participants. The three levels of the fair value hierarchy are as follows:

Level 1	Inputs are unadjusted quoted market prices in active markets for identical assets or liabilities that the entity has the ability to access at the measurement date. Level 1 inputs provide the most reliable measure of fair value as of the measurement date.
Level 2	Inputs are based on significant observable inputs, including unadjusted quoted market prices for similar assets and liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.
Level 3	Level 3 are significant unobservable inputs for the asset or liability.

AXION STRUCTURAL INNOVATIONS L 401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements
December 31, 2017 and 2016

Fair Value Measurements (continued)

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

Mutual Funds: Valued at the net asset value of shares held by the Plan at year-end.

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

The level of the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The mutual funds are considered Level 1 investments as of December 31, 2017 and 2016.

Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, the participants' accounts will become fully vested.

Tax Status

The Plan Sponsor adopted a prototype non-standardized profit sharing plan with a cash or deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) dated April 10, 2014. The opinion stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the opinion letter. However, the plan administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

AXION STRUCTURAL INNOVATIONS L 401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements
December 31, 2017 and 2016



Transactions with Party-in-Interest

Certain Plan investments, are held by PayChex, Inc. (PayChex). PayChex is the custodian and plan administrator, as well as the payroll provider, as defined by the plan document and, therefore, these transactions qualify as exempt party-in-interest transactions.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying 2017 statement of net assets available for benefits.

Subsequent Events – Date of Management's Review

The Plan has evaluated subsequent events through the date of the Independent Auditor's Report, the date the financial statements were available to be issued.

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SUPPLEMENTARY INFORMATION

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AXION STRUCTURAL INNOVATIONS L 401(K) PROFIT SHARING PLAN AND TRUST

EIN # 47-4708385 – PLAN # 001

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



(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Mutual Funds</i>		
	Blackrock	Advantage LRG Cap Core Fund CL C	\$ 485
	Blackrock	Advantage LRG Cap Value Fund CL C	759
	Blackrock	Capital Appreciation Fund Inc. C	239
	Blackrock	Adv US TTL Market Fund Inc. CL C	3,941
	Blackrock	Global Allocation Fund Inc. C	245,999
	Blackrock	US Government Bond Portfolio C	39
	Blackrock	International FD C	401
	Davis NY	Venture FD CL C	3,544
	JP Morgan	Dynamic Small Cap Growth FD CL C	27,260
	MFS	Total Return FD CL C	16,429
	Wells Fargo	Core Bond FD CL C	90,914
	Blackrock	Ready Assets Government Liquidity Fund	77
*	<i>Notes Receivable from Participants</i>	Loans to plan participants, interest rates ranging from 4.25% to 4.50%	10,160
			<u>\$ 400,247</u>

* Denotes party-in-interest

See Independent Auditor's Report.

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SENDER: Kathleen Monahan
DATE: 09/13/18
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Primary Account: 826-08B50

AXION INTERNATIONAL INC.
U/A 02/06/2008
C/O MARK FIELDS
PO BOX 3508
ZANESVILLE OH 43702-3508

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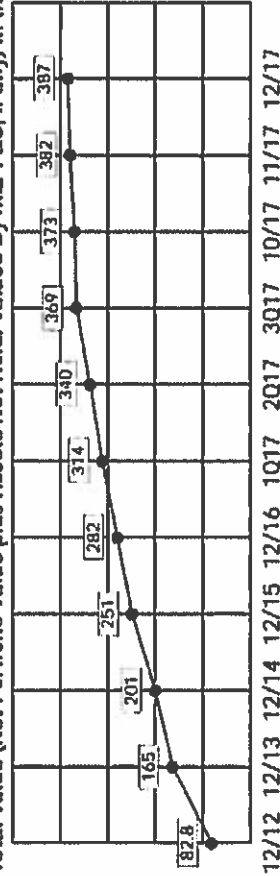
YOUR MERRILL LYNCH REPORT

December 01, 2017 - December 29, 2017

PORTFOLIO SUMMARY

	December 29	November 30	Month Change
Net Portfolio Value	\$386,945.79	\$381,766.71	\$5,179.08 ▲
Your assets	\$386,945.79	\$381,766.71	\$5,179.08 ▲
Your liabilities	-	-	-
Your Net Cash Flow (Inflows/Outflows)	\$2,882.19	\$4,976.72	-
Securities You Transferred In/Out	-	-	-
Subtotal Net Contributions	\$2,882.19	\$4,976.72	-
Your Dividends/Interest Income	\$15,930.44	\$76.47	-
Your Market Gains/(Losses)	(\$13,633.55)	\$3,284.12	-
Subtotal Investment Earnings	\$2,296.89	\$3,360.59	-

Total Value (Net Portfolio Value plus Assets Not Held/Valued By MLPF&S, if any) in thousands, 2012-2017



LOOKING FOR YOUR TAX DOCUMENTS?

We will begin mailing the 1099 tax reporting statement to eligible clients during the last week of January. Most statements will be mailed or posted online before February 15. Enroll in online delivery to access your tax documents before they arrive in the mail.

Merrill Lynch Wealth Management makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S) and other subsidiaries of Bank of America Corporation. MLPF&S is a registered broker-dealer, Member Securities Investor Protection Corporation (SIPC) and a wholly owned subsidiary of Bank of America Corporation. Investment products:

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Online at: www.mymerrill.com

AXION INTERNATIONAL INC.
U/A 02/06/2008
C/O MARK FIELDS
PO BOX 3508
ZANESVILLE OH 43702-3508

Account Number: 826-08B50

24-Hour Assistance: (866) 4MLBUSINESS

Access Code: 92-826-08250

Net Portfolio Value: \$386,945.79

Your Financial Advisor:

JEREMY HERBERT
530 SOUTH AVENUE
WESTFIELD NJ 07090
jeremy_herbert@ml.com
1-888-306-3265

RCMA® ACCOUNT

December 01, 2017 - December 29, 2017

	This Statement	Year to Date
Opening Value (12/01)	\$381,766.71	
Total Credits	21,468.79	123,858.37
Total Debits	(2,656.16)	(35,065.94)
Securities You Transferred In/Out	.	483.31
Market Gains/(Losses)	(13,633.55)	15,869.10
Closing Value (12/29)	\$386,945.79	

ASSETS	December 29	November 30
Cash/Money Accounts	74.78	244.32
Fixed Income	.	.
Equities	.	.
Mutual Funds	386,871.01	381,522.39
Options	.	.
Other	.	.
Subtotal (Long Portfolio)	386,945.79	381,766.71
TOTAL ASSETS	\$386,945.79	\$381,766.71

LIABILITIES		
Debit Balance	.	.
Short Market Value	.	.
TOTAL LIABILITIES	.	.
NET PORTFOLIO VALUE	\$386,945.79	\$381,766.71

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Account Number: 826-08B50

AXION INTERNATIONAL INC.

YOUR RCMA ASSETS

December 01, 2017 - December 29, 2017

CASH/MONEY ACCOUNTS	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
READY ASSET GOV LIQ FD	74.00	74.00	1.0000	74.00		.44
(.7800 FRACTIONAL SHARE)		.78	1.0000	.78		.44
TOTAL		74.78		74.78		.44

MUTUAL FUNDS/CLOSED END FUNDS/UIT

Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Total Client Investment	Cumulative Investment Return (\$)	Estimated Annual Current Income	Estimated Annual Current Yield%
BLACKROCK ADVANTAGE LRG	35	584.01	13.6400	477.40	(106.61)	384	92		
CAP CORE FUND CL C									
SYMBOL: MCLRX Initial Purchase: 12/21/16									
Equity 100%									
.3960 Fractional Share		5.37	13.6400	5.40	.03				
BLACKROCK ADVANTAGE LRG	26	564.64	26.7800	696.28	131.64	473	222	3	.34
CAP VALUE FUND CL C									
SYMBOL: MCLVX Initial Purchase: 11/27/15									
Equity 100%									
.3010 Fractional Share		6.55	26.7800	8.06	1.51			1	.34
BLACKROCK CAPITAL	8	160.13	19.4000	155.20	(4.93)	137	17		
APPRECIATION FD, INC. C									
SYMBOL: MCFGX Initial Purchase: 05/30/13									
Equity 100%									
.1680 Fractional Share		3.28	19.4000	3.26	(0.02)				
BLACKROCK ADV U.S. TTL	170	4,091.74	22.5200	3,828.40	(263.34)	3,059	768		
MARKET FD, INC. CL C									
SYMBOL: MCSPX Initial Purchase: 02/04/15									
Equity 100%									
.0850 Fractional Share		1.91	22.5200	1.91					

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AXION INTERNATIONAL INC.

Account Number: 826-08B50

YOUR RCMA ASSETS

December 01, 2017 - December 29, 2017

MUTUAL FUNDS/CLOSED END FUNDS/UIT Description	(continued) Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Total Client Investment	Cumulative Investment Return (\$)	Estimated Annual Current Income Yield%
FD CL C								
SYMBOL: MTRCX Initial Purchase: 08/24/16								
Fixed Income 40% Equity 60%								
.2510 Fractional Share		4.84	19,2400	4.83	(0.01)			1 1.15
WELLS FARGO CORE BOND FD								
CL C	6.932	90,696.01 +	13.0900	90,739.88	43.87	88,491	2,248	797 .87
SYMBOL: MBFCX Initial Purchase: 12/12/11								
Fixed Income 100%		7.35	13.0900	7.36	.01			1 .87
.5620 Fractional Share								
Subtotal (Fixed Income)				192,410.14				
Subtotal (Equities)				194,460.87				
TOTAL		396,065.70		386,871.01	(9,194.69)		33,161	2,697 .70
LONG PORTFOLIO								
		Adjusted/Total Cost Basis		Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield%
TOTAL		396,140.48		386,945.79	(9,194.69)		2,697	.70

Total Client Investment: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.

Cumulative Investment Return: Estimated Market Value minus Total Client Investment.

Cumulative Investment Return is the dollar value of the capital appreciation (depreciation) of all shares purchased and still held, including shares acquired through reinvestment of dividends and distributions, which may be greater or less than the actual income distributed.

Initial Purchase: Date of your initial investment in this fund.

Market Timing: Merrill Lynch's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

Sales Charge Discounts or Waivers: Many funds offer various sales charge discounts or waivers depending on the terms of the prospectus and/or statement of additional information. You should consult a fund's prospectus and/or statement of additional information to determine whether you may qualify for a discount or waiver. Notify your Financial Advisor, Financial Solutions Advisor or Investment Center representative if you believe you qualify for any of these or any other discounts or waivers. Please contact your Financial Advisor, Financial Solutions Advisor or Investment Center representative for further information on available sales charge discounts and waivers.

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AXION INTERNATIONAL INC.

Account Number: 826-08B50

YOUR RCMA TRANSACTIONS

December 01, 2017 - December 29, 2017

DIVIDENDS/INTEREST INCOME TRANSACTIONS (continued)				Income		Income	
Date	Transaction Type	Quantity	Description	Reinvestment	Year To Date	Income	Year To Date
Taxable Dividends							
12/04	Reinvestment Program		FD CL C				
			PAY DATE 12/01/2017				
			MFS TOTAL RETURN	(15.53)			
12/04	Reinvestment Share(s)		FD CL C				
		.7840	MFS TOTAL RETURN				
			FD CL C				
			REINV AMOUNT \$15.53				
			REINV PRICE \$19.81000				
			QUANTITY BOT .7840				
			AS OF 11/30				
12/06	*Long Term Capital Gain		BLACKROCK ADVANTAGE LRG			160.43	
			CAP CORE FUND CL C				
			PAY DATE 12/05/2017				
			BLACKROCK ADVANTAGE LRG	(160.43)			
12/06	Reinvestment Program		CAP CORE FUND CL C				
			BLACKROCK ADVANTAGE LRG			15.65	
12/06	*Short Term Capital Gain		CAP CORE FUND CL C				
			PAY DATE 12/05/2017				
			BLACKROCK ADVANTAGE LRG	(15.65)			
12/06	Reinvestment Program		CAP CORE FUND CL C				
		11.8840	BLACKROCK ADVANTAGE LRG				
			CAP CORE FUND CL C				
			REINV AMOUNT \$160.43				
			REINV PRICE \$13.50000				
			QUANTITY BOT 11.8840				
			AS OF 12/04				
12/06	Reinvestment Share(s)	1.1590	BLACKROCK ADVANTAGE LRG				
			CAP CORE FUND CL C				

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AXION INTERNATIONAL INC.

Account Number: 826-08B50

YOUR RCMA TRANSACTIONS

December 01, 2017 - December 29, 2017

DIVIDENDS/INTEREST INCOME TRANSACTIONS (continued)

Date	Transaction Type	Quantity	Description	Reinvestment	Income	Income Year To Date
Taxable Dividends						
12/06	Reinvestment Share(s)	.1010	REINV PRICE \$26.55000 QUANTITY BOT .0290 AS OF 12/04 BLACKROCK ADVANTAGE LRG CAP VALUE FUND CL C REINV AMOUNT \$2.69 REINV PRICE \$26.55000 QUANTITY BOT .1010 AS OF 12/04			
12/06	*Long Term Capital Gain		BLACKROCK CAPITAL APPRECIATION FD, INC. C PAY DATE 12/05/2017	(21.17)	21.17	
12/06	Reinvestment Program		BLACKROCK CAPITAL APPRECIATION FD, INC. C BLACKROCK CAPITAL			
12/06	*Short Term Capital Gain		APPRECIATION FD, INC. C BLACKROCK CAPITAL		2.65	
12/06	Reinvestment Program		APPRECIATION FD, INC. C PAY DATE 12/05/2017 BLACKROCK CAPITAL	(2.65)		
12/06	Reinvestment Share(s)	1.1210	APPRECIATION FD, INC. C BLACKROCK CAPITAL APPRECIATION FD, INC. C REINV AMOUNT \$21.17 REINV PRICE \$18.89000 QUANTITY BOT 1.1210 AS OF 12/04			
12/06	Reinvestment Share(s)	.1400	BLACKROCK CAPITAL APPRECIATION FD, INC. C REINV AMOUNT \$2.65 REINV PRICE \$18.89000			

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AXION INTERNATIONAL INC.

Account Number: 826-08B50

YOUR RCMA TRANSACTIONS

December 01, 2017 - December 29, 2017

DIVIDENDS/INTEREST INCOME TRANSACTIONS (continued)						
Date	Transaction Type	Quantity	Description	Reinvestment	Income	Income Year To Date
Taxable Dividends						
12/15	Reinvestment Share(s)	.3060	AS OF 12/13 DAVIS NY VENTURE FD CL C REINV AMOUNT \$9.32 REINV PRICE \$30.48000 QUANTITY BOT .3060 AS OF 12/13			
12/15	*Long Term Capital Gain		JPMORGAN DYNAMIC SMALL CAP GROWTH FD CL C PAY DATE 12/14/2017		3,396.73	
12/15	Reinvestment Program		JPMORGAN DYNAMIC SMALL CAP GROWTH FD CL C	(3,396.73)		
12/15	*Short Term Capital Gain		JPMORGAN DYNAMIC SMALL CAP GROWTH FD CL C PAY DATE 12/14/2017		227.96	
12/15	Reinvestment Program		JPMORGAN DYNAMIC SMALL CAP GROWTH FD CL C	(227.96)		
12/15	Reinvestment Share(s)	200.9900	JPMORGAN DYNAMIC SMALL CAP GROWTH FD CL C REINV AMOUNT \$3396.73 REINV PRICE \$16.90000 QUANTITY BOT 200.9900 AS OF 12/13			
12/15	Reinvestment Share(s)	13.4890	JPMORGAN DYNAMIC SMALL CAP GROWTH FD CL C REINV AMOUNT \$227.96 REINV PRICE \$16.90000 QUANTITY BOT 13.4890 AS OF 12/13			

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AXION INTERNATIONAL INC.

Account Number: 826-08B50

YOUR RCMA TRANSACTIONS

December 01, 2017 - December 29, 2017

DIVIDENDS/INTEREST INCOME TRANSACTIONS (continued)

Date	Transaction Type	Quantity	Description	Reinvestment	Income	Income Year To Date
Taxable Dividends						
12/22	*Long Term Capital Gain		ALLOCATION FD INC C			
			REINV AMOUNT \$3611.64			
			REINV PRICE \$17.72000			
			QUANTITY BOT 203.8170			
			AS OF 12/19			
			* MFS TOTAL RETURN		528.46	
			FD CLC			
			PAY DATE 12/21/2017			
			MFS TOTAL RETURN	(528.46)		
			FD CLC			
			MFS TOTAL RETURN		48.99	
			FD CLC			
			PAY DATE 12/21/2017			
			MFS TOTAL RETURN	(48.99)		
			FD CLC			
		27.4380	MFS TOTAL RETURN			
			FD CLC			
			REINV AMOUNT \$528.46			
			REINV PRICE \$19.26000			
			QUANTITY BOT 27.4380			
			AS OF 12/21			
		2.5440	MFS TOTAL RETURN			
			FD CLC			
			REINV AMOUNT \$48.99			
			REINV PRICE \$19.26000			
			QUANTITY BOT 2.5440			
			AS OF 12/21			
			BLACKROCK US GOVERNMENT		.01	
			BOND PORTFOLIO C			
12/27	*Short Term Capital Gain					

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AXION INTERNATIONAL INC.

Account Number: 826-08B50

YOUR RCMA TRANSACTIONS

December 01, 2017 - December 29, 2017

DIVIDENDS/INTEREST INCOME TRANSACTIONS (continued)				Reinvestment	Income	Income
Date	Transaction Type	Quantity	Description			Year To Date
Taxable Dividends						
12/29	Dividend	.0200	READY ASSET GOV LIQ FD			
			0.02000 DIV/INT REINVEST			
			PAY DATE 12/29/2017			
			FROM 11-30 THRU 12-29			
			READY ASSET GOV LIQ FD		.02	
	Income Total				15,930.44	17,146.80
	Subtotal (Taxable Dividends)			(15,930.42)	15,930.44	17,146.80
	NET TOTAL				10,205.87	10,518.98

» Long Term Capital Gain Distributions

The long-term capital gain distribution amounts may change due to income reclassification information provided by the issuer. In particular, distributions made by Mutual Funds, REITs and UITs often need to be reclassified as a different type of distribution (including long-term capital gain distributions) after the end of the year in which the distribution was originally paid.

SECURITY TRANSACTIONS

Settlement Date	Description	Transaction Type	Quantity	Transaction Amount	Commissions/Trading Fees	(Debit)/Credit	Accrued Interest Earned/(Paid)
Purchases							
12/07	BLACKROCK ADVANTAGE LRG	Purchase	.1650	(2.22)		(2.22)	
	CAP CORE FUND CL C TRADE						
	AS OF 12/06/17 FRAC SHR QUANTITY .165						
	PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE.						
	CUS NO 09250J304						
	UNIT PRICE 13.4500						
12/07	BLACKROCK ADVANTAGE LRG	Purchase	.0840	(2.21)		(2.21)	
	CAP VALUE FUND CL C TRADE						
	AS OF 12/06/17 FRAC SHR QUANTITY .084						
	PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE.						
	CUS NO 09250J833						
	UNIT PRICE 26.3400						

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Account Number: 826-08B50

December 01, 2017 - December 29, 2017

YOUR RCMA TRANSACTIONS

SECURITY TRANSACTIONS (continued)

Settlement Date	Description	Transaction Type	Quantity	Transaction Amount	Commissions/ Trading Fees	(Debit)/ Credit	Accrued Interest Earned/(Paid)
Purchases							
12/07	CUS NO 092511T301 UNIT PRICE 18.4100 BLACKROCK GLOBAL ALLOCATION FD INC C TRADE AS OF 12/06/17 FRAC SHR QUANTITY .308 PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE. CUS NO 092511T301	Purchase	2.3080	(42.49)		(42.49)	
12/07	CUS NO 092511T301 UNIT PRICE 18.4100 DAVIS NY VENTURE FD CL C TRADE AS OF 12/06/17 FRAC SHR QUANTITY .891 PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE. CUS NO 239080302	Purchase	.8910	(28.35)		(28.35)	
12/07	CUS NO 239080302 UNIT PRICE 31.8200 DAVIS NY VENTURE FD CL C TRADE AS OF 12/06/17 FRAC SHR QUANTITY .727 PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE. CUS NO 239080302	Purchase	.7270	(23.13)		(23.13)	
12/07	CUS NO 239080302 UNIT PRICE 31.8200 MFS TOTAL RETURN FD CL C TRADE AS OF 12/06/17 FRAC SHR QUANTITY .887 PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE. CUS NO 552981607	Purchase	8.8870	(176.05)		(176.05)	
12/07	CUS NO 552981607 UNIT PRICE 19.8100 MFS TOTAL RETURN FD CL C TRADE	Purchase	2.5480	(50.48)		(50.48)	

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Account Number: 826-08B50

December 01, 2017 - December 29, 2017

YOUR RCMA TRANSACTIONS

SECURITY TRANSACTIONS (continued)

Settlement Date	Description	Transaction Type	Quantity	Transaction Amount	Commissions/ Trading Fees	(Debit)/ Credit	Accrued Interest Earned/(Paid)
Purchases							
12/21	BLACKROCK ADVANTAGE LRG CAP CORE FUND CL C TRADE AS OF 12/20/17 FRAC SHR QUANTITY .152 PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE. CUS NO 09250J304	Purchase	.1520	(2.08)		(2.08)	
12/21	UNIT PRICE 13.6900 BLACKROCK ADVANTAGE LRG CAP VALUE FUND CL C TRADE AS OF 12/20/17 FRAC SHR QUANTITY .033 PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE. CUS NO 09250J833	Purchase	2.0330	(54.40)		(54.40)	
12/21	UNIT PRICE 26.7600 WELLS FARGO CORE BOND FD CL C TRADE AS OF 12/20/17 FRAC SHR QUANTITY .025 PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE. CUS NO 94975J615	Purchase	7.0250	(91.47)		(91.47)	
12/21	UNIT PRICE 13.0200 BLACKROCK CAPITAL APPRECIATION FD, INC. C TRADE AS OF 12/20/17 FRAC SHR QUANTITY .146 PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE. CUS NO 09251R305	Purchase	4.1460	(80.56)		(80.56)	
12/21	UNIT PRICE 19.4300 BLACKROCK ADV U.S. TTL MARKET FD, INC. CL C TRADE AS OF 12/20/17 FRAC SHR QUANTITY .322 PER TPA CLIENT AGREEMENT FUND SUBJECT TO RED FEE.	Purchase	1.3220	(29.76)		(29.76)	

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