

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>10/01/2017</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 ☐ the final return/report ☒ an amended return/report ☒ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>DIX 1898, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</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>DIX 1898, INC.</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>201 E LIBERTY ST, SUITE 201</u> <u>WOOSTER, OH 44691</u> </div> <div style="width: 45%;"> <u>201 E LIBERTY ST, SUITE 201</u> <u>WOOSTER, OH 44691</u> </div> </div>		1c Effective date of plan <u>10/01/1993</u>	
2b Employer Identification Number (EIN) <u>34-0628530</u>		2c Plan Sponsor's telephone number <u>330-264-3511</u>	
2d Business code (see instructions) <u>551112</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.	05/22/2019	ANN DIX-MAENZA
	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 c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	400
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)	51
a(2) Total number of active participants at the end of the plan year		6a(2)	48
b Retired or separated participants receiving benefits		6b	5
c Other retired or separated participants entitled to future benefits		6c	133
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	186
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	186
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	179
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H 2A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 12/31/2017	
A Name of plan DIX 1898, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 DIX 1898, INC.	D Employer Identification Number (EIN) 34-0628530

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65	RECORDKEEPER	7478	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

CAPFINANCIAL SECURITIES LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	6717	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP QM US SM-CP GR - T. ROWE PRICE 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2017</div> This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 12/31/2017

A Name of plan DIX 1898, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DIX 1898, INC.	D Employer Identification Number (EIN) 34-0628530
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RT NY LIFE AA CL 0

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

c EIN-PN 46-6350416-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 818527
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>10/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>DIX 1898, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DIX 1898, INC.</u>	D Employer Identification Number (EIN) <u>34-0628530</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	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	943	0
	(2) Participant contributions	1b(2)	3477	4000
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
	(2) U.S. Government securities.....	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	0	0
	(9) Value of interest in common/collective trusts.....	1c(9)	878473	818527
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(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)	10033690	10004350
	(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	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10916583	10826877

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	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	10916583	10826877
---	-----------	----------	----------

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 Contributions:				
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	13931		
(B) Participants	2a(1)(B)	50865		
(C) Others (including rollovers)	2a(1)(C)	0		
(2) Noncash contributions	2a(2)	0	64796	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)			
b Earnings on investments:				
(1) Interest:				
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0		
(B) U.S. Government securities	2b(1)(B)	0		
(C) Corporate debt instruments.....	2b(1)(C)	0		
(D) Loans (other than to participants)	2b(1)(D)	0		
(E) Participant loans.....	2b(1)(E)	0		
(F) Other	2b(1)(F)	0		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0	
(2) Dividends: (A) Preferred stock		2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	425625		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		425625	
(3) Rents.....	2b(3)		0	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds		2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0		
(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)	0	
(B) Other	2b(5)(B)	0		
(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)		3784
(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)		65439
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		559644

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	635155	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		635155
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	14195	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		14195
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		649350

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-89706
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: MEADEN & MOORE

(2) EIN: 34-1818258

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		8852
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		10000000
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	X		

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 12/31/2017		
A Name of plan DIX 1898, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 DIX 1898, INC.		D Employer Identification Number (EIN) 34-0628530
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): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DIX 1898, INC. 401(k) PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2017

INDEX

	<u>Page</u>
Independent Auditor's Report	
Financial Statements:	
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
Supplemental Schedules:	
Schedule of Assets Held for Investment Purposes at End of Year	12
Schedule of Delinquent Contributions	13



INDEPENDENT AUDITOR'S REPORT

Trustees of the
Dix 1898, Inc. 401(k) Plan
Wooster, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dix 1898, Inc. 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2017 and September 30, 2017, and the related statement of changes in net assets available for benefits for the period of October 1, 2017 through December 31, 2017, and for the year ended September 30, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, FSB, (October 1, 2016 to April 30, 2017) and Fidelity Management Trust Company (May 1, 2017 to December 31, 2017) the Trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from the Trustees as of and for the period ended December 31, 2017 and as of and for the year ended September 30, 2017, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets Held for Investment Purposes at End of the Year as of December 31, 2017 and Schedule of Delinquent Contributions for the year ending September 30, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in blue ink that reads "Meaden & Moore LTD." in a cursive, flowing script.

MEADEN & MOORE, LTD.
Akron, Ohio

August 22, 2018

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Dix 1898, Inc. 401(k) Plan

	December 31 2017	September 30 2017
ASSETS		
Receivable - Employer contributions	\$ -	\$ 943
Receivable - Employee contributions	4,000	3,477
Total Receivables	4,000	4,420
Investments (at fair value):		
Mutual Funds	10,004,350	10,033,690
Stable Value Fund	818,527	878,473
Total Investments at Fair Value	10,822,877	10,912,163
LIABILITIES	-	-
Net Assets Available for Benefits	\$ 10,826,877	\$ 10,916,583

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Dix 1898, Inc. 401(k) Plan

	Period Ended December 31 2017	Year Ended September 30 2017
Additions to Net Assets Attributed to:		
Contributions:		
Employer discretionary match	\$ 13,931	\$ 18,619
Employee	<u>50,865</u>	<u>244,175</u>
	64,796	262,794
Investment Income:		
Interest and dividend income	425,625	601,632
Net unrealized/realized appreciation	<u>69,223</u>	<u>1,163,463</u>
Total Investment Income	494,848	1,765,095
Deductions from Net Assets Attributed to:		
Benefits paid to participants	635,155	5,732,250
Administrative expenses	<u>14,195</u>	<u>51,506</u>
Total Deductions	<u>649,350</u>	<u>5,783,756</u>
Net Decrease	(89,706)	(3,755,867)
Net Assets Available for Benefits:		
Beginning of Year	<u>10,916,583</u>	<u>14,672,450</u>
End of Year	<u>\$ 10,826,877</u>	<u>\$ 10,916,583</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

1 Description of Plan

The following description of the Dix 1898, Inc. 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan was created October 1, 1993 by Dix 1898, Inc. ("Company"), formerly known as the Wooster Republican Printing Company, and included 10 of its subsidiaries (newspaper and radio divisions). During 2016, the Company sold 2 of its 10 subsidiaries. On January 31, 2017, the Company sold another 5 of its subsidiaries, which resulted in a partial plan termination. As of September 30, 2017, the Plan covers all employees of the Company and its subsidiaries, Full Spectrum Marketing and the WOGK and WWST radio stations, who meet the eligibility requirements.

Effective May 1, 2017, the Plan was amended and restated in its entirety to reflect administrative system changes and other Plan provisions as noted in the following disclosures. The Plan's trustee and record keeper transitioned from Nationwide Trust Company, FSB to Fidelity Management Trust Company ("Fidelity"). Fidelity is responsible for custody and management of the Plan's assets as of the effective date.

Effective August 24, 2017, the Plan was amended to change its name from Wooster Republican Printing Company Employees 401(k) Plan to Dix 1898, Inc. 401(k) and to change its year end from September 30 to December 31.

Eligibility:

The Plan is a defined contribution plan with a "salary reduction" provision. Through April 30, 2017, the Plan covered all full-time employees who were age twenty-one or older and had six months of service. An employee could become a participant as of the first day of each quarter (January 1, April 1, July 1 and October 1) following the date on which he/she met the eligibility requirement.

Effective May 1, 2017, the Plan was amended to cover all full-time employees who are age twenty-one or older and have one month of service. An employee may become a participant as of the first day of the month following the date on which he/she meets the eligibility requirement. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions:

Cash or Deferred Option [401(k)] - Participants may elect a portion of their compensation to be contributed to the Plan by the Company, but may not exceed the dollar limit set by law. Effective May 1, 2017, the Plan was amended to include automatic deferral and increase features. Accordingly, the Company will automatically withhold a portion of the participant's compensation and contribute that amount to the Plan as either a pre-tax or Roth deferral unless the participant makes a contrary election. In addition, the automatic deferral percentage will increase by 1% per year up to a maximum of 10% unless the participant makes a contrary elective. The automatic increase will be effective January 1, beginning with the first Plan Year following the date the deferrals were automatically withheld from the participant's compensation.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

1 Description of Plan, Continued

Contributions, Continued:

Employer Matching Contributions - The Company may make discretionary matching contributions equal to a percentage of the amount of the salary reduction elected by the Plan participants. The total match allocated to Plan participants will be determined each year by the Employer. The matching contribution was \$13,931 for the period ended December 31, 2017 and \$18,619 for the year ended September 30, 2017. Effective June 1, 2017, the Company provides for a discretionary matching of participant contributions of 40% on the first 6% of the employee's qualifying salary, which is remitted to the Plan each pay period.

Rollover contributions from other Plans are also accepted, providing certain specified conditions are met.

Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code, as defined in the Plan agreement.

Participants' Accounts:

Each participant's account is credited with the participant's elective contributions, employer matching contributions, earnings and losses thereon.

Vesting:

Plan participants are 100% vested in their salary deferral amounts contributed to the Plan. Vesting in the remainder of a participant's account balance is based on years of service. A participant is vested as follows:

<u>Years of Service</u>	<u>Vested %</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures:

Forfeited non-vested accounts totaled \$43,957 as of December 31, 2017 and \$13,357 as of September 30, 2017. Future employer contributions will be reduced by these amounts.

Other Plan Provisions:

Normal retirement age is 65, however, a participant may elect early retirement on or after age 55. The Plan also provides for early payment of benefits after reaching age 59-1/2.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

1 Description of Plan, Continued

Benefit Payments:

Upon termination of service by reason of separation of service, retirement, death or total and permanent disability, a participant is entitled to receive the balance equal to the vested interest of his or her account. All payments of benefits shall be paid in a lump sum.

Investment Options:

Upon enrollment in the Plan, a participant may direct any contributions to any of the investment options offered by the Plan.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Valuation of Investments:

Investments are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. The fair value of the Stable Value Fund is calculated by dividing the total assets of the fund, less its liabilities, by the total number of units outstanding at the time of such computation.

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 purchased and sold as held during the year.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Administrative Fees:

Substantially all administrative fees are paid by the Plan unless paid for by the Company.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

2 Summary of Significant Accounting Policies, Continued

Risks and Uncertainties:

The Plan's investment includes investments in a stable value fund and mutual funds holding investment contracts with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. 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 such changes could materially affect the amounts reported in the Statement of Net Assets Available for Plan Benefits.

Reclassifications:

Certain prior year amounts have been reclassified to conform with the current year's presentation.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through August 22, 2018, which is the date the financial statements were available to be issued.

3 Tax Status

On March 31, 2014, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed 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 disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

4 Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- * Quoted prices for similar assets or liabilities in active markets;
- * Quoted prices for identical assets 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 that are unobservable inputs for the asset or liability.

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 September 30, 2017.

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices. These are classified in the Level 1 category of the valuation hierarchy.

Stable Value Fund:

The fair value of the Stable Value Fund ("Fund") is based on the underlying assets of the fund. The fair value is expressed in units. The Fund is classified in the Level 2 category of the valuation hierarchy. Participant transactions (purchases and sales) may occur daily. The Fund primarily invests in a New York Life Group Annuity Contract issued by New York Life Insurance Company to Reliance Trust.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and September 30, 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

4 Fair Value Measurements, Continued

Investments at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 10,004,350	\$ -	\$ -	\$ 10,004,350
Stable Value Fund	-	818,527	-	818,527
Total Investments at Fair Value	<u>\$ 10,004,350</u>	<u>\$ 818,527</u>	<u>\$ -</u>	<u>\$ 10,822,877</u>

Investments at Fair Value as of September 30, 2017				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 10,033,690	\$ -	\$ -	\$ 10,033,690
Stable Value Fund	-	878,473	-	878,473
Total Investments at Fair Value	<u>\$ 10,033,690</u>	<u>\$ 878,473</u>	<u>\$ -</u>	<u>\$ 10,912,163</u>

For the period ended December 31, 2017 and for the year ended September 30, 2017, there were no significant transfers between Levels 1 and 2.

5 Information Prepared and Certified by Trustees

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustees:

	Period Ended December 31 2017	Year Ended September 30 2017
Investments, at fair value	\$ 10,822,877	\$ 10,912,163
Interest and dividend income	\$ 425,625	\$ 601,664
Net unrealized/realized appreciation	\$ 69,223	\$ 1,168,730
Less: Asset transfers included in investment income	-	(5,299)
Net unrealized/realized appreciation	<u>\$ 69,223</u>	<u>\$ 1,163,431</u>

6 Delinquent Contributions

Employee withholdings amounting to \$8,852 as of September 30, 2016 were not remitted by the Company to the Plan within the time period as defined by ERISA. These transactions constitute prohibited transactions. The Company has remitted the contributions to the Plan and has followed the appropriate self-correction guidelines. There were no delinquent contributions during the period ended December 31, 2017 nor during the year ended September 30, 2017.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

7 Subsequent Events

Effective January 1, 2018, the Plan was amended to cover all eligible employees of Mock Woodworking, LLC, a subsidiary formed out of the Company's purchase of 80% of the assets of Mock Woodworking Company on January 5, 2017. The assets of Mock Woodworking Company 401(k) were merged into the Plan in January 2018, totaling approximately \$4,865,000.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Dix 1898, Inc. 401(k) Plan

EIN 34-0628530

Plan Number 002

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Harbor Capital Appreciation Retirement	Mutual Fund	N/A	\$ 1,898,775
	Mfs Mid Cap Value R6	Mutual Fund	N/A	1,251,687
	Vanguard 500 Index Admiral	Mutual Fund	N/A	941,921
	Reliance Trust New York Life Anchor Account - Series I - Class 0	Stable Value Fund	N/A	818,527
	American Funds Europacific Growth R6	Mutual Fund	N/A	795,586
	John Hancock Funds Disciplined Value Fund Class R6	Mutual Fund	N/A	686,816
	MassMutual Select Mid Cap Growth I	Mutual Fund	N/A	681,154
	Vanguard Target Retirement 2020	Mutual Fund	N/A	666,951
	Metropolitan West Total Return Bd Plan	Mutual Fund	N/A	571,620
	T. Rowe Price QM US Small-Cap Gr Eq	Mutual Fund	N/A	466,762
	Vanguard Target Retirement 2025	Mutual Fund	N/A	406,170
	Vanguard Target Retirement 2015	Mutual Fund	N/A	401,937
	Vanguard Target Retirement 2030	Mutual Fund	N/A	341,351
	Vanguard Target Retirement 2040	Mutual Fund	N/A	270,103
	Vanguard Target Retirement 2035	Mutual Fund	N/A	190,366
	Vanguard Target Retirement 2045	Mutual Fund	N/A	161,593
	Vanguard Target Retirement Income	Mutual Fund	N/A	91,263
	Vanguard Target Retirement 2050	Mutual Fund	N/A	68,058
	Vanguard Extended Market Index Fund Admiral	Mutual Fund	N/A	40,714
	Vanguard Target Retirement 2055	Mutual Fund	N/A	29,343
	Vanguard Target Retirement 2060	Mutual Fund	N/A	18,448
	Vanguard Total International Stock Index Fund Admiral	Mutual Fund	N/A	16,513
	Victory Integrity Small-Cap Value R6	Mutual Fund	N/A	7,199
	Vanguard Total Bond Market Index Admiral	Mutual Fund	N/A	20
*	Party-in-interest to the Plan.			<u>\$ 10,822,877</u>

SCHEDULE OF DELINQUENT CONTRIBUTIONS
Form 5500, Schedule H, Line 4a

Dix 1898, Inc. 401(k) Plan

EIN 34-0628530

Plan Number 002

September 30, 2016

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here if Late Participant Loan Repayments are Included ☐				

September 1, 2016

\$ 8,852

DIX 1898, INC. 401(k) PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

September 30, 2017

INDEX

	<u>Page</u>
Independent Auditor's Report	
Financial Statements:	
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
Supplemental Schedules:	
Schedule of Assets Held for Investment Purposes at End of Year	12
Schedule of Delinquent Contributions	13



INDEPENDENT AUDITOR'S REPORT

Trustees of the
Dix 1898, Inc. 401(k) Plan
Wooster, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dix 1898, Inc. 401(k) Plan, which comprise the statement of net assets available for benefits as of September 30, 2017 and 2016, and the related statement of changes in net assets available for benefits for the years ended September 30, 2017 and 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, FSB (October 1, 2015 to April 30, 2017) and Fidelity Management Trust Company (May 1, 2017 to September 30, 2017), the Trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from the Trustees as of and for the years then ended September 30, 2017 and 2016, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets Held for Investment Purposes at End of the Year as of September 30, 2017 and Schedule of Delinquent Contributions for the year ending September 30, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in blue ink that reads "Meaden & Moore LTD." in a cursive, flowing script.

MEADEN & MOORE, LTD.
Akron, Ohio

July 3, 2018

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Dix 1898, Inc. 401(k) Plan

	September 30	
	<u>2017</u>	<u>2016</u>
ASSETS		
Receivable - Employer contributions	\$ 943	\$ -
Receivable - Employee contributions	<u>3,477</u>	<u>-</u>
Total Receivables	4,420	-
Investments (at fair value):		
Money Market and Deposit Accounts	-	1,050,509
Mutual Funds	10,033,690	13,621,941
Stable Value Fund	<u>878,473</u>	<u>-</u>
Total Investments at Fair Value	10,912,163	14,672,450
LIABILITIES	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 10,916,583</u>	<u>\$ 14,672,450</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Dix 1898, Inc. 401(k) Plan

	Year Ended September 30	
	<u>2017</u>	<u>2016</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer discretionary match	\$ 18,619	\$ 150,000
Employee	244,175	421,944
Rollover	-	2,599
	<u>262,794</u>	<u>574,543</u>
Investment Income:		
Net unrealized/realized appreciation	<u>1,765,095</u>	<u>1,195,119</u>
Total Additions	<u>2,027,889</u>	<u>1,769,662</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	5,732,250	2,347,636
Administrative expenses	<u>51,506</u>	<u>51,565</u>
Total Deductions	<u>5,783,756</u>	<u>2,399,201</u>
Net Decrease	(3,755,867)	(629,539)
Net Assets Available for Benefits:		
Beginning of Year	<u>14,672,450</u>	<u>15,301,989</u>
End of Year	<u>\$ 10,916,583</u>	<u>\$ 14,672,450</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

1 Description of Plan

The following description of the Dix 1898, Inc. 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan was created October 1, 1993 by Dix 1898, Inc. ("Company"), formerly known as the Wooster Republican Printing Company, and included 10 of its subsidiaries (newspaper and radio divisions). During 2016, the Company sold 2 of its 10 subsidiaries. On January 31, 2017, the Company sold another 5 of its subsidiaries, which resulted in a partial plan termination. As of September 30, 2017, the Plan covers all employees of the Company and its subsidiaries, Full Spectrum Marketing and the WOGK and WWST radio stations, who meet the eligibility requirements.

Effective May 1, 2017, the Plan was amended and restated in its entirety to reflect administrative system changes and other Plan provisions as noted in the following disclosures. The Plan's trustee and record keeper transitioned from Nationwide Trust Company, FSB to Fidelity Management Trust Company ("Fidelity"). Fidelity is responsible for custody and management of the Plan's assets as of the effective date.

Effective August 24, 2017, the Plan was amended to change its name from the Wooster Republican Printing Company Employees 401(k) Plan to Dix 1898, Inc. 401(k) and to change its year-end from September 30 to December 31.

Eligibility:

The Plan is a defined contribution plan with a "salary reduction" provision. Through April 30, 2017, the Plan covered all full-time employees who were age twenty-one or older and had six months of service. An employee could become a participant as of the first day of each quarter (January 1, April 1, July 1 and October 1) following the date on which he/she met the eligibility requirement.

Effective May 1, 2017, the Plan was amended to cover all full-time employees who are age twenty-one or older and have one month of service. An employee may become a participant as of the first day of the month following the date on which he/she meets the eligibility requirement. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions:

Cash or Deferred Option [401(k)] - Participants may elect a portion of their compensation to be contributed to the Plan by the Company, but may not exceed the dollar limit set by law. Effective May 1, 2017, the Plan was amended to include automatic deferral and increase features. Accordingly, the Company will automatically withhold a portion of the participant's compensation and contribute that amount to the Plan as either a pre-tax or Roth deferral unless the participant makes a contrary election. In addition, the automatic deferral percentage will increase by 1% per year up to a maximum of 10% unless the participant makes a contrary elective. The automatic increase will be effective January 1, beginning with the first Plan year following the date the deferrals were automatically withheld from the participant's compensation.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

1 Description of Plan, Continued

Contributions, Continued:

Employer Matching Contributions - The Company may make discretionary matching contributions equal to a percentage of the amount of the salary reduction elected by the Plan participants. The total match allocated to Plan participants will be determined each year by the Employer. The matching contribution was \$18,619 for 2017 and \$150,000 for 2016. Effective June 1, 2017, the Company provides for a discretionary matching of participant contributions of 40% on the first 6% of the employee's qualifying salary, which is remitted to the Plan each pay period.

Rollover contributions from other Plans are also accepted, providing certain specified conditions are met.

Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code, as defined in the Plan agreement.

Participants' Accounts:

Each participant's account is credited with the participant's elective contributions, employer matching contributions, earnings and losses thereon.

Vesting:

Plan participants are 100% vested in their salary deferral amounts contributed to the Plan. Vesting in the remainder of a participant's account balance is based on years of service. A participant is vested as follows:

<u>Years of Service</u>	<u>Vested %</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures:

As of September 30, forfeited non-vested accounts totaled \$13,357 (2017) and \$5,618 (2016). Future employer contributions will be reduced by these amounts.

Other Plan Provisions:

Normal retirement age is 65, however, a participant may elect early retirement on or after age 55. The Plan also provides for early payment of benefits after reaching age 59-1/2.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

1 Description of Plan, Continued

Benefit Payments:

Upon termination of service by reason of separation of service, retirement, death or total and permanent disability, a participant is entitled to receive the balance equal to the vested interest of his or her account. All payments of benefits shall be paid in a lump sum.

Investment Options:

Upon enrollment in the Plan, a participant may direct any contributions to any of the investment options offered by the Plan.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Valuation of Investments:

Investments are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. The fair value of the Stable Value Fund is calculated by dividing the total assets of the fund, less its liabilities, by the total number of units outstanding at the time of such computation.

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 purchased and sold as held during the year.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Administrative Fees:

Substantially all administrative fees are paid by the Plan unless paid for by the Company.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

2 Summary of Significant Accounting Policies, Continued

Risks and Uncertainties:

The Plan's investment include investments in a stable value fund and mutual funds holding investment contracts with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. 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 such changes could materially affect the amounts reported in the Statement of Net Assets Available for Plan Benefits.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through July 3, 2018, which is the date the financial statements were available to be issued.

3 Tax Status

On March 31, 2014, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of September 30, 2017, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

4 Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

4 Fair Value Measurements, Continued

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- * Quoted prices for similar assets or liabilities in active markets;
- * Quoted prices for identical assets 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 that are unobservable inputs for the asset or liability.

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 September 30, 2017 and 2016.

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices. These are classified in the Level 1 category of the valuation hierarchy.

Money Market Mutual Fund:

The fair value of the money market mutual fund is based on the underlying assets of the fund. The fund is valued at \$1 and invests in U.S. dollar denominated money market securities of domestic and foreign issuers. The money market mutual fund is classified in the Level 2 category of the valuation hierarchy.

Insured Deposit Account:

The insured deposit account is valued at \$1 plus interest and primarily invests in U.S. government and agency bonds. The deposit account is classified in the Level 2 category of the valuation hierarchy.

Stable Value Fund:

The fair value of the Stable Value Fund ("Fund") is based on the underlying assets of the fund. The fair value is expressed in units. The Fund is classified in the Level 2 category of the valuation hierarchy. Participant transactions (purchases and sales) may occur daily. The Fund primarily invests in a New York Life Group Annuity Contract issued by New York Life Insurance Company to Reliance Trust.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

4 Fair Value Measurements, Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Investments at Fair Value as of September 30, 2017				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 10,033,690	\$ -	\$ -	\$ 10,033,690
Stable Value Fund	-	878,473	-	878,473
Investments at Fair Value	<u>\$ 10,033,690</u>	<u>\$ 878,473</u>	<u>\$ -</u>	<u>\$ 10,912,163</u>

Investments at Fair Value as of September 30, 2016				
	Level 1	Level 2	Level 3	Total
Money Market	\$ -	\$ 314,024	\$ -	\$ 314,024
Insured Deposit Account	-	736,485	-	736,485
Mutual Funds	13,621,941	-	-	13,621,941
Investments at Fair Value	<u>\$ 13,621,941</u>	<u>\$ 1,050,509</u>	<u>\$ -</u>	<u>\$ 14,672,450</u>

For the years ended September 30, 2017 and 2016, there were no significant transfers between Levels 1 and 2.

5 Information Prepared and Certified by Trustees

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustees:

	2017	2016
Investments, at Fair Value	\$ 10,912,163	\$ 14,672,450
Investment Income	\$ 1,770,394	\$ 1,148,140
Less: Asset transfers included in investment income	(5,299)	-
Less: Plan expenses included in investment income	-	46,979
Net unrealized/realized appreciation	<u>\$ 1,765,095</u>	<u>\$ 1,195,119</u>

6 Party-in-Interest Transactions

For the year ended September 30, 2016, certain Plan investments were shares of mutual funds managed by Nationwide Trust Company, FSB, the Trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the mutual fund for the investment management services.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

7 Delinquent Contributions

Employee withholdings amounting to \$0 (2017) and \$8,852 (2016) were not remitted by the Company to the Plan within the time period as defined by ERISA. These transactions constitute prohibited transactions. The Company has remitted the contributions to the Plan and has followed the appropriate self-correction guidelines.

8 Subsequent Events

Effective January 1, 2018, the Plan was amended to cover all eligible employees of Mock Woodworking, LLC, a subsidiary formed out the Company's purchase of 80% of the assets of Mock Woodworking Company on January 5, 2017. The assets of Mock Woodworking Company 401(k) were merged into the Plan in January 2018, totaling approximately \$4,865,000.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Dix 1898, Inc. 401(k) Plan

EIN 34-0628530

Plan Number 002

September 30, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Harbor Capital Appreciation Retirement	Mutual Fund	N/A	\$ 1,850,696
	Mfs Mid Cap Value R6	Mutual Fund	N/A	1,251,074
	Vanguard 500 Index Admiral	Mutual Fund	N/A	949,351
	Reliance Trust New York Life Anchor Account - Series I - Class 0	Stable Value Fund	N/A	878,473
	American Funds Europacific Growth R6	Mutual Fund	N/A	779,483
	MassMutual Select Mid Cap Growth I	Mutual Fund	N/A	679,180
	Vanguard Target Retirement 2020	Mutual Fund	N/A	665,759
	John Hancock Funds Disciplined Value Fund Class R6	Mutual Fund	N/A	661,733
	Metropolitan West Total Return Bd Plan	Mutual Fund	N/A	591,203
	T. Rowe Price QM US Small-Cap Gr Eq	Mutual Fund	N/A	462,853
	Vanguard Target Retirement 2025	Mutual Fund	N/A	448,242
	Vanguard Target Retirement 2015	Mutual Fund	N/A	390,572
	Vanguard Target Retirement 2030	Mutual Fund	N/A	344,719
	Vanguard Target Retirement 2040	Mutual Fund	N/A	263,795
	Vanguard Target Retirement 2035	Mutual Fund	N/A	207,559
	Vanguard Target Retirement 2045	Mutual Fund	N/A	181,972
	Vanguard Target Retirement Income	Mutual Fund	N/A	94,050
	Vanguard Target Retirement 2050	Mutual Fund	N/A	83,510
	Vanguard Target Retirement 2055	Mutual Fund	N/A	46,139
	Vanguard Extended Market Index Fund Admiral	Mutual Fund	N/A	38,891
	Vanguard Target Retirement 2060	Mutual Fund	N/A	17,328
	Vanguard Total International Stock Index Fund Admiral	Mutual Fund	N/A	15,688
	Victory Integrity Small-Cap Value R6	Mutual Fund	N/A	6,783
	Vanguard Total Bond Market Index Admiral	Mutual Fund	N/A	3,110
				\$ 10,912,163

SCHEDULE OF DELINQUENT CONTRIBUTIONS
Form 5500, Schedule H, Line 4a

Dix 1898, Inc. 401(k) Plan

EIN 34-0628530
Plan Number 002

September 30, 2016

Participant Contributions Transferred Late to Plan Check Here if Late Participant Loan Repayments are Included ☐	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

September 1, 2016

\$ 8,852

DIX 1898, INC. 401(k) PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2017

INDEX

	<u>Page</u>
Independent Auditor's Report	
Financial Statements:	
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
Supplemental Schedules:	
Schedule of Assets Held for Investment Purposes at End of Year	12
Schedule of Delinquent Contributions	13



INDEPENDENT AUDITOR'S REPORT

Trustees of the
Dix 1898, Inc. 401(k) Plan
Wooster, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dix 1898, Inc. 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2017 and September 30, 2017, and the related statement of changes in net assets available for benefits for the period of October 1, 2017 through December 31, 2017, and for the year ended September 30, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, FSB, (October 1, 2016 to April 30, 2017) and Fidelity Management Trust Company (May 1, 2017 to December 31, 2017) the Trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from the Trustees as of and for the period ended December 31, 2017 and as of and for the year ended September 30, 2017, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets Held for Investment Purposes at End of the Year as of December 31, 2017 and Schedule of Delinquent Contributions for the year ending September 30, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in blue ink that reads "Meaden & Moore LTD." in a cursive, flowing script.

MEADEN & MOORE, LTD.
Akron, Ohio

August 22, 2018

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Dix 1898, Inc. 401(k) Plan

	December 31 2017	September 30 2017
ASSETS		
Receivable - Employer contributions	\$ -	\$ 943
Receivable - Employee contributions	<u>4,000</u>	<u>3,477</u>
Total Receivables	4,000	4,420
Investments (at fair value):		
Mutual Funds	10,004,350	10,033,690
Stable Value Fund	<u>818,527</u>	<u>878,473</u>
Total Investments at Fair Value	10,822,877	10,912,163
LIABILITIES	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 10,826,877</u></u>	<u><u>\$ 10,916,583</u></u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Dix 1898, Inc. 401(k) Plan

	Period Ended December 31 2017	Year Ended September 30 2017
Additions to Net Assets Attributed to:		
Contributions:		
Employer discretionary match	\$ 13,931	\$ 18,619
Employee	<u>50,865</u>	<u>244,175</u>
	64,796	262,794
Investment Income:		
Interest and dividend income	425,625	601,632
Net unrealized/realized appreciation	<u>69,223</u>	<u>1,163,463</u>
Total Investment Income	494,848	1,765,095
Deductions from Net Assets Attributed to:		
Benefits paid to participants	635,155	5,732,250
Administrative expenses	<u>14,195</u>	<u>51,506</u>
Total Deductions	<u>649,350</u>	<u>5,783,756</u>
Net Decrease	(89,706)	(3,755,867)
Net Assets Available for Benefits:		
Beginning of Year	<u>10,916,583</u>	<u>14,672,450</u>
End of Year	<u>\$ 10,826,877</u>	<u>\$ 10,916,583</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

1 Description of Plan

The following description of the Dix 1898, Inc. 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan was created October 1, 1993 by Dix 1898, Inc. ("Company"), formerly known as the Wooster Republican Printing Company, and included 10 of its subsidiaries (newspaper and radio divisions). During 2016, the Company sold 2 of its 10 subsidiaries. On January 31, 2017, the Company sold another 5 of its subsidiaries, which resulted in a partial plan termination. As of September 30, 2017, the Plan covers all employees of the Company and its subsidiaries, Full Spectrum Marketing and the WOGK and WWST radio stations, who meet the eligibility requirements.

Effective May 1, 2017, the Plan was amended and restated in its entirety to reflect administrative system changes and other Plan provisions as noted in the following disclosures. The Plan's trustee and record keeper transitioned from Nationwide Trust Company, FSB to Fidelity Management Trust Company ("Fidelity"). Fidelity is responsible for custody and management of the Plan's assets as of the effective date.

Effective August 24, 2017, the Plan was amended to change its name from Wooster Republican Printing Company Employees 401(k) Plan to Dix 1898, Inc. 401(k) and to change its year end from September 30 to December 31.

Eligibility:

The Plan is a defined contribution plan with a "salary reduction" provision. Through April 30, 2017, the Plan covered all full-time employees who were age twenty-one or older and had six months of service. An employee could become a participant as of the first day of each quarter (January 1, April 1, July 1 and October 1) following the date on which he/she met the eligibility requirement.

Effective May 1, 2017, the Plan was amended to cover all full-time employees who are age twenty-one or older and have one month of service. An employee may become a participant as of the first day of the month following the date on which he/she meets the eligibility requirement. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions:

Cash or Deferred Option [401(k)] - Participants may elect a portion of their compensation to be contributed to the Plan by the Company, but may not exceed the dollar limit set by law. Effective May 1, 2017, the Plan was amended to include automatic deferral and increase features. Accordingly, the Company will automatically withhold a portion of the participant's compensation and contribute that amount to the Plan as either a pre-tax or Roth deferral unless the participant makes a contrary election. In addition, the automatic deferral percentage will increase by 1% per year up to a maximum of 10% unless the participant makes a contrary elective. The automatic increase will be effective January 1, beginning with the first Plan Year following the date the deferrals were automatically withheld from the participant's compensation.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

1 Description of Plan, Continued

Contributions, Continued:

Employer Matching Contributions - The Company may make discretionary matching contributions equal to a percentage of the amount of the salary reduction elected by the Plan participants. The total match allocated to Plan participants will be determined each year by the Employer. The matching contribution was \$13,931 for the period ended December 31, 2017 and \$18,619 for the year ended September 30, 2017. Effective June 1, 2017, the Company provides for a discretionary matching of participant contributions of 40% on the first 6% of the employee's qualifying salary, which is remitted to the Plan each pay period.

Rollover contributions from other Plans are also accepted, providing certain specified conditions are met.

Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code, as defined in the Plan agreement.

Participants' Accounts:

Each participant's account is credited with the participant's elective contributions, employer matching contributions, earnings and losses thereon.

Vesting:

Plan participants are 100% vested in their salary deferral amounts contributed to the Plan. Vesting in the remainder of a participant's account balance is based on years of service. A participant is vested as follows:

<u>Years of Service</u>	<u>Vested %</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures:

Forfeited non-vested accounts totaled \$43,957 as of December 31, 2017 and \$13,357 as of September 30, 2017. Future employer contributions will be reduced by these amounts.

Other Plan Provisions:

Normal retirement age is 65, however, a participant may elect early retirement on or after age 55. The Plan also provides for early payment of benefits after reaching age 59-1/2.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

1 Description of Plan, Continued

Benefit Payments:

Upon termination of service by reason of separation of service, retirement, death or total and permanent disability, a participant is entitled to receive the balance equal to the vested interest of his or her account. All payments of benefits shall be paid in a lump sum.

Investment Options:

Upon enrollment in the Plan, a participant may direct any contributions to any of the investment options offered by the Plan.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Valuation of Investments:

Investments are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. The fair value of the Stable Value Fund is calculated by dividing the total assets of the fund, less its liabilities, by the total number of units outstanding at the time of such computation.

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 purchased and sold as held during the year.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Administrative Fees:

Substantially all administrative fees are paid by the Plan unless paid for by the Company.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

2 Summary of Significant Accounting Policies, Continued

Risks and Uncertainties:

The Plan's investment includes investments in a stable value fund and mutual funds holding investment contracts with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. 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 such changes could materially affect the amounts reported in the Statement of Net Assets Available for Plan Benefits.

Reclassifications:

Certain prior year amounts have been reclassified to conform with the current year's presentation.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through August 22, 2018, which is the date the financial statements were available to be issued.

3 Tax Status

On March 31, 2014, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed 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 disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

4 Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- * Quoted prices for similar assets or liabilities in active markets;
- * Quoted prices for identical assets 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 that are unobservable inputs for the asset or liability.

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 September 30, 2017.

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices. These are classified in the Level 1 category of the valuation hierarchy.

Stable Value Fund:

The fair value of the Stable Value Fund ("Fund") is based on the underlying assets of the fund. The fair value is expressed in units. The Fund is classified in the Level 2 category of the valuation hierarchy. Participant transactions (purchases and sales) may occur daily. The Fund primarily invests in a New York Life Group Annuity Contract issued by New York Life Insurance Company to Reliance Trust.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and September 30, 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

4 Fair Value Measurements, Continued

Investments at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 10,004,350	\$ -	\$ -	\$ 10,004,350
Stable Value Fund	-	818,527	-	818,527
Total Investments at Fair Value	<u>\$ 10,004,350</u>	<u>\$ 818,527</u>	<u>\$ -</u>	<u>\$ 10,822,877</u>

Investments at Fair Value as of September 30, 2017				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 10,033,690	\$ -	\$ -	\$ 10,033,690
Stable Value Fund	-	878,473	-	878,473
Total Investments at Fair Value	<u>\$ 10,033,690</u>	<u>\$ 878,473</u>	<u>\$ -</u>	<u>\$ 10,912,163</u>

For the period ended December 31, 2017 and for the year ended September 30, 2017, there were no significant transfers between Levels 1 and 2.

5 Information Prepared and Certified by Trustees

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustees:

	Period Ended December 31 2017	Year Ended September 30 2017
Investments, at fair value	\$ 10,822,877	\$ 10,912,163
Interest and dividend income	\$ 425,625	\$ 601,664
Net unrealized/realized appreciation	\$ 69,223	\$ 1,168,730
Less: Asset transfers included in investment income	-	(5,299)
Net unrealized/realized appreciation	<u>\$ 69,223</u>	<u>\$ 1,163,431</u>

6 Delinquent Contributions

Employee withholdings amounting to \$8,852 as of September 30, 2016 were not remitted by the Company to the Plan within the time period as defined by ERISA. These transactions constitute prohibited transactions. The Company has remitted the contributions to the Plan and has followed the appropriate self-correction guidelines. There were no delinquent contributions during the period ended December 31, 2017 nor during the year ended September 30, 2017.

NOTES TO FINANCIAL STATEMENTS

Dix 1898, Inc. 401(k) Plan

7 Subsequent Events

Effective January 1, 2018, the Plan was amended to cover all eligible employees of Mock Woodworking, LLC, a subsidiary formed out of the Company's purchase of 80% of the assets of Mock Woodworking Company on January 5, 2017. The assets of Mock Woodworking Company 401(k) were merged into the Plan in January 2018, totaling approximately \$4,865,000.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Dix 1898, Inc. 401(k) Plan

EIN 34-0628530

Plan Number 002

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Harbor Capital Appreciation Retirement	Mutual Fund	N/A	\$ 1,898,775
	Mfs Mid Cap Value R6	Mutual Fund	N/A	1,251,687
	Vanguard 500 Index Admiral	Mutual Fund	N/A	941,921
	Reliance Trust New York Life Anchor Account - Series I - Class 0	Stable Value Fund	N/A	818,527
	American Funds Europacific Growth R6	Mutual Fund	N/A	795,586
	John Hancock Funds Disciplined Value Fund Class R6	Mutual Fund	N/A	686,816
	MassMutual Select Mid Cap Growth I	Mutual Fund	N/A	681,154
	Vanguard Target Retirement 2020	Mutual Fund	N/A	666,951
	Metropolitan West Total Return Bd Plan	Mutual Fund	N/A	571,620
	T. Rowe Price QM US Small-Cap Gr Eq	Mutual Fund	N/A	466,762
	Vanguard Target Retirement 2025	Mutual Fund	N/A	406,170
	Vanguard Target Retirement 2015	Mutual Fund	N/A	401,937
	Vanguard Target Retirement 2030	Mutual Fund	N/A	341,351
	Vanguard Target Retirement 2040	Mutual Fund	N/A	270,103
	Vanguard Target Retirement 2035	Mutual Fund	N/A	190,366
	Vanguard Target Retirement 2045	Mutual Fund	N/A	161,593
	Vanguard Target Retirement Income	Mutual Fund	N/A	91,263
	Vanguard Target Retirement 2050	Mutual Fund	N/A	68,058
	Vanguard Extended Market Index Fund Admiral	Mutual Fund	N/A	40,714
	Vanguard Target Retirement 2055	Mutual Fund	N/A	29,343
	Vanguard Target Retirement 2060	Mutual Fund	N/A	18,448
	Vanguard Total International Stock Index Fund Admiral	Mutual Fund	N/A	16,513
	Victory Integrity Small-Cap Value R6	Mutual Fund	N/A	7,199
	Vanguard Total Bond Market Index Admiral	Mutual Fund	N/A	20
*	Party-in-interest to the Plan.			<u>\$ 10,822,877</u>

SCHEDULE OF DELINQUENT CONTRIBUTIONS
Form 5500, Schedule H, Line 4a

Dix 1898, Inc. 401(k) Plan

EIN 34-0628530

Plan Number 002

September 30, 2016

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here if Late Participant Loan Repayments are Included ☐				

September 1, 2016

\$ 8,852