

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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>TRIMAS HOURLY RETIREMENT PROGRAM</u>	1b	Three-digit plan number (PN) ► <u>017</u>
		1c	Effective date of plan <u>01/01/2003</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>TRIMAS CORPORATION</u> <u>38505 WOODWARD AVENUE, SUITE 200</u> <u>BLOOMFIELD HILLS, MI 48304</u>	2b	Employer Identification Number (EIN) <u>38-2687639</u>
		2c	Plan Sponsor's telephone number <u>248-631-5400</u>
		2d	Business code (see instructions) <u>332900</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.	08/02/2017	JILL STRESS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/02/2017	ROBERT ZALUPSKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2106
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) 1656
a(2) Total number of active participants at the end of the plan year	6a(2) 1487
b Retired or separated participants receiving benefits.....	6b 12
c Other retired or separated participants entitled to future benefits	6c 197
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1696
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 17
f Total. Add lines 6d and 6e	6f 1713
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1617
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 47
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: 2G 2J 2K 2T 2F 2A 2E	
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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ 0 A (Insurance Information)
	(4) ☒ C (Service Provider Information)
	(5) ☒ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan TRIMAS HOURLY RETIREMENT PROGRAM	B Three-digit plan number (PN) ▶ 017
C Plan sponsor's name as shown on line 2a of Form 5500 TRIMAS CORPORATION	D Employer Identification Number (EIN) 38-2687639

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

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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)

WELLS FARGO ADVISORS

34-1542819

(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?
16 27 49	OTHER SERVICES	19800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROW HORWATH LLP

35-0921680

(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?
16 99	OTHER SERVICES	11615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>TRIMAS HOURLY RETIREMENT PROGRAM</u>	B Three-digit plan number (PN) ►	<u>017</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRIMAS CORPORATION</u>	D Employer Identification Number (EIN) <u>38-2687639</u>	

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)		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRIMAS CORP RETIRMENT PROGRAMS MT</u>			
b Name of sponsor of entity listed in (a): <u>TRIMAS CORPORATION</u>			
c EIN-PN <u>38-2687639-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE VALUE M</u>			
b Name of sponsor of entity listed in (a): <u>GALLIARD CAPITAL MANAGEMENT</u>			
c EIN-PN <u>94-6751924-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4253072</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>TRIMAS HOURLY RETIREMENT PROGRAM</u>	B Three-digit plan number (PN) ►	<u>017</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIMAS CORPORATION</u>	D Employer Identification Number (EIN) <u>38-2687639</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	657577	163933
(2) Participant contributions	1b(2)	21344	1394
(3) Other.....	1b(3)	72751	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)	2654845	2523388
(9) Value of interest in common/collective trusts	1c(9)	0	4253072
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	47166507	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)	0	43586506
(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	50573024	50528293

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	1088	1088
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1088	1088

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	50571936	50527205
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Part II Income and Expense Statement

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

Income

a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1391197	
(B) Participants.....	2a(1)(B)	4189895	
(C) Others (including rollovers)	2a(1)(C)	315427	
(2) Noncash contributions	2a(2)	0	5896519
(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)	104237	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		104237
(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)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		3179555
(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)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		9180311

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4392889	
(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)		4392889
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)	34760	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		34760
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4427649

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4752662
l Transfers of assets:			
(1) To this plan	2l(1)		73270
(2) From this plan	2l(2)		4870663

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: CROWE HORWATH LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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		1557
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	
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TRIMAS SALARIED RETIREMENT PROGRAM	38-2687639	016
HORIZON GLOBAL 401(K) PLAN	47-3578964	001

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.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>TRIMAS HOURLY RETIREMENT PROGRAM</u>	B Three-digit plan number (PN) ▶ <u>017</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIMAS CORPORATION</u>	D Employer Identification Number (EIN) <u>38-2687639</u>

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): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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) 2016
v. 160205

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
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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): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

PLAN NAME: TRIMAS HOURLY RETIREMENT PROGRAM
PLAN SPONSOR NAME: TRIMAS CORPORATION
EIN: 38-2687639 PN: 017
ATTACHMENT TO FORM 5500, SCH H, 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
12/31/2016

(A)	(B) Identity of issue, borrower, lessor, or similar party	(C) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(E) Current Value
*	Participant Loans	Participant Loans	2,523,388
	Interest Held in Master Trust	Various (includes Registered Investment Companies, Common/ Collective Trust, Self Directed Brokerage, etc.)	47,839,578
		TOTAL	50,362,966

* Investment with party-in-interest to the Plan

TriMas Corporation
Hourly Retirement Program

Financial Statements
December 31, 2016 and 2015

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM

INDEX

	<u>Pages</u>
<u>Independent Auditor's Report</u>	<u>3</u>
<u>Financial Statements:</u>	
<u>Statement of Net Assets Available for Benefits</u> <u>as of December 31, 2016 and 2015</u>	<u>5</u>
<u>Statement of Changes in Net Assets Available for</u> <u>Benefits for the Years Ended December 31, 2016 and 2015</u>	<u>6</u>
<u>Notes to Financial Statements</u>	<u>7</u>
<u>Supplemental Schedule</u>	
<u>Schedule H, Line 4i - Schedule of Assets (Held at End of Year)</u>	<u>15</u>

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee of the
TriMas Corporation Hourly Retirement Program
Bloomfield Hills, Michigan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of TriMas Corporation Hourly Retirement Program ("the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 C, which was certified by Fidelity Management Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2016 and 2015 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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



Crowe Horwath LLP

South Bend, Indiana
July 31, 2017

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
STATEMENT OF NET ASSETS AVAILABLE
FOR BENEFITS

December 31, 2016 and 2015

ASSETS	2016	2015
Investments, at fair value (Notes C and D)		
Interest in investments of TriMas Corporation Retirement Programs Master Trust (Master Trust)	\$ 47,831,077	\$ 47,141,885
Notes receivable from participants held in Master Trust (Notes B and C)	2,525,810	2,657,346
Total interest in Master Trust	50,356,887	49,799,231
Receivables		
Employer	163,933	657,577
Employee	1,394	21,344
Other receivable	—	72,751
Total receivables	165,327	751,672
Total assets	50,522,214	50,550,903
LIABILITIES		
Accrued expenses	1,088	1,088
NET ASSETS AVAILABLE FOR BENEFITS	\$ 50,521,126	\$ 50,549,815

See accompanying notes to financial statements.

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

For years ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Additions to net assets attributed to:		
Investment income (Note C):		
Interest in TriMas Corporation		
Retirement Programs Master Trust investment gain	\$ 3,299,834	\$ 182,478
Contributions		
Employer	1,391,197	1,788,802
Employee	4,189,895	3,643,932
Rollover	315,427	77,565
Total contributions	<u>5,896,519</u>	<u>5,510,299</u>
Total additions	<u>9,196,353</u>	<u>5,692,777</u>
Deductions from net assets attributed to:		
Benefit payments	4,392,889	4,681,117
Administrative payments	34,760	54,193
Total deductions	<u>4,427,649</u>	<u>4,735,310</u>
Net increase prior to plan transfer	4,768,704	957,467
Plan assets merged into (transferred out of) this Plan (Note A)	(4,833,651)	4,520,818
Net transfer of assets to this Plan (Note A)	<u>36,258</u>	<u>53,380</u>
Net increase (decrease) subsequent to plan transfer	(28,689)	5,531,665
Net assets available for benefits:		
Beginning of year	<u>50,549,815</u>	<u>45,018,150</u>
End of year	<u><u>\$ 50,521,126</u></u>	<u><u>\$ 50,549,815</u></u>

See accompanying notes to financial statements.

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

A. Description of Plan

The following description of the TriMas Corporation Hourly Retirement Program ("Plan") provides only general information. Participants should refer to the Plan document or summary Plan description for a more complete description of the Plan's provisions.

General - The Plan, established on January 1, 2003, is a defined contribution Plan covering eligible employees of TriMas Corporation and its subsidiaries (the "Company" or "TriMas") and allows employee 401(k) deferrals, employer matching contributions and employer profit sharing contributions per the Plan provisions. Eligible employees may participate in the 401(k) deferral feature and the related employer matching contribution feature of the Plan on their date of hire. Employees are eligible for the employer profit sharing contribution on the first day of the month following their one-year anniversary. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On June 30, 2015, the Company completed the spin-off of its Cequent businesses, creating a new independent publicly traded company, Horizon Global Corporation ("Horizon"). Certain Horizon employees remained a part of the Company's Plan through December 31, 2015. As of July 1, 2015, the Company's Plan was amended to establish it as a multiple employer plan to allow the Horizon companies to participate in it through the end of 2015.

Contributions - Generally, participants may contribute up to 75% of their pretax or post tax annual compensation as defined by the Plan, subject to applicable legal limits. Newly hired non-union employees are automatically enrolled into the Plan at 5% with automatic annual increases of 1% up to a cap of 10%, unless they opt out or elect a different deferral rate within 45 days. Union employees are not subject to automatic enrollment into the Plan. Participants may also make rollover contributions representing distributions from other tax-qualified plans and certain other retirement accounts. The Company makes matching and/or profit sharing contributions subject to certain limitations in accordance with Plan provisions. These Company contributions, if applicable, vary by subsidiary and are invested pursuant to the participant's investment election.

Participants may direct employee and employer contributions in one percent increments in the investment options available under the Plan. These options are professionally managed mutual funds and collective trust funds, and vary in their respective strategies, risks and goals. Participants may change their investment options daily. Certain administrative expenses of the Plan may be paid by the Company.

Participant Accounts - Each participant's account is credited with the participant's own contributions and the related employer matching contributions, Company profit sharing contributions and an allocation of Plan earnings or losses based upon participant's elections, net of administrative expenses and debited with participant's own withdrawals. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting - Participants are immediately vested in their contributions as well as employer matching contributions and earnings thereon. Participants vest in Company profit sharing contributions upon three years of service. In addition, a participant is 100% vested upon attainment of normal retirement age (age 65), death or disability as defined under the Plan.

Payment of Benefits - After separation from service due to termination, death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in annual installments over a period not to exceed ten years.

Notes Receivable from Participants - The Plan provides that participants can borrow funds from their account balances, as defined by the Plan. These loans are limited to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1-5 years and up to 10 years for the purchase of a primary residence. The loans are collateralized

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

by the participant's vested account balances and bear interest at the prime rate plus 1%. Loan principal and interest are paid ratably through payroll deductions.

Forfeited Accounts - Plan forfeitures resulting from terminated participants' non-vested accounts may be used to reduce the Company's contribution or to fund plan expenses. Accumulated forfeitures available at December 31, 2016 and 2015 were \$27,756 and \$37,843, respectively. Accumulated forfeitures of \$23,078 and \$28,402 were used to pay plan expenses in 2016 and 2015, respectively.

Merged and Transferred Assets - Effective January 1, 2016, the assets of the Horizon employees, which totaled \$4,833,651 were transferred out of the Plan and into the Horizon Global 401(k) Plan. Effective April 1, 2015, the Arminak & Associates Retirement Plan merged into the Plan and net assets totaling \$179,386 were transferred into the Plan. Effective October 1, 2015, the Allfast Retirement Plan merged into the Plan and net assets totaling \$4,341,432 were transferred into the Plan.

Transfer of Assets - TriMas sponsors a separate plan for salaried employees. Net transfers to the Plan for participants that transferred from the TriMas Corporation Salaried Retirement Program due to a change in employment status during 2016 and 2015 were \$36,258 and \$53,380, respectively.

B. Summary of Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Adoption of New Accounting Standards - In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-07, "Fair Value Measurement (Topic 820), Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)." The new guidance removes the requirement to classify investments for which fair value is measured at net asset value (NAV) per share (or its equivalent) using the practical expedient in the fair value hierarchy. The Plan adopted this standard in 2016, and retrospectively applied the new guidance to all periods presented. The adoption of this ASU had no effect on the Plan's net assets available for benefits or changes therein.

Estimates - The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates.

Risks and Uncertainties - The Plan provides for various investment options in mutual funds and collective trust funds. Investments are exposed to various risks, including interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is reasonably possible that changes in values of investments in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition - Investments are reported at fair value. The Plan's interest in the TriMas Corporation Retirement Programs Master Trust ("Master Trust") is reported at estimated fair value based upon the fair values of the underlying investments held in the Master Trust. The underlying investments of the Master Trust include mutual funds and collective trust funds (stable value funds). Mutual funds are valued using quoted market prices from nationally recognized securities exchanges (Level 1 inputs). The fair value of the Plan's interest in the stable value funds are based upon the net asset value of each fund reflecting all investments at fair value as reported by the fund manager. Units of participation are redeemable upon receipt of unit holder's instruction based on the next determined net asset value per unit, with no advance notice requirement. Net asset value per unit is determined each business day.

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

Investment transactions are reflected on a trade-date basis. Realized gains and losses on investments are based on average cost. Interest income is recognized on the accrual basis of accounting. Dividend income is recorded on the ex-dividend date. Income from other securities is recorded as earned on an accrual basis.

The Plan presents in the statement of changes in net assets available for benefits the Plan's interest in the Master Trust investment gain (loss), which consists of the Plan's pro rata interest in the realized gains or losses and the unrealized appreciation (depreciation) of the investments, and interest and dividend income of the Master Trust.

Notes Receivable from Participants - Notes receivable from participants, held in the Master Trust, are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Expenses - Investment management fees and operating expenses charged to the Master Trust for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

C. Investments and Notes Receivable from Participants - Unaudited

The Master Trust holds the investments of the Plan and notes receivable from Plan participants. Fidelity Management Trust Company (the "Trustee") holds investment assets and executes transactions therein, and substantially all information pertaining to the Plan's investments and notes receivable from participants, including the associated investment income (loss) and interest earned on notes receivable from participants included in the financial statements has been certified as complete and accurate by them. This certified information has not been audited by independent auditors of the Plan.

D. Master Trust Information - Unaudited

During the years ended December 31, 2016 and 2015, the Plan's net investment gain in the Master Trust (including gains and losses on investments bought and sold, as well as held during the year and interest and dividend income and interest earned on notes receivable from participants) was \$3,299,834 and \$182,478, respectively.

The Plan's trust agreement permits the commingling of Plan assets with those of other TriMas Corporation sponsored employee benefit plans in the Master Trust. The Trustee determines the Plan's proportionate share of trust assets and related changes in trust assets and such amounts are reflected in the Plan's statement of net assets available for benefits and statement of changes in net assets available for benefits. Net assets, investment income, investment expenses and administrative expenses relating to the Master Trust are allocated to the individual plans based upon their proportionate interests in each of the underlying participant-directed investments.

The Plan's interests in the net assets of the Master Trust were approximately 36% and 27% at December 31, 2016 and December 31, 2015, respectively.

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

The following presents the net assets of the Master Trust at December 31, 2016 and 2015:

	2016	2015
Investments, at fair value		
Mutual funds	\$ 121,830,740	\$ 164,486,575
Collective trust funds	15,682,127	18,013,783
Total investments	<u>137,512,867</u>	<u>182,500,358</u>
Notes receivable from participants	4,222,363	5,378,684
Net Assets Held by the Master Trust	<u>\$ 141,735,230</u>	<u>\$ 187,879,042</u>

The following table represents the total investment income for the Master Trust for the years ended December 31, 2016 and 2015:

	2016	2015
Net appreciation (depreciation) in fair value of investments	\$ 4,260,175	\$ (9,511,324)
Interest and dividend income from investments	4,422,666	9,742,681
Total investment income	<u>\$ 8,682,841</u>	<u>\$ 231,357</u>
Interest income from notes receivable from participants	179,529	186,930
Master Trust investments gain	<u>\$ 8,862,370</u>	<u>\$ 418,287</u>

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are as follows:

- Level 1: Inputs which use quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access as of the measurement date;
- Level 2: Inputs which use other inputs that are observable, either directly or indirectly;
- Level 3: Inputs which are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability.

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

Assets and liabilities of the Master Trust measured at fair value on a recurring basis and corresponding fair value hierarchy level consisted of the following as of December 31, 2016:

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments subject to leveling				
Mutual funds	\$ 121,830,740	\$ 121,830,740	\$ —	\$ —
Investments measured at net asset value				
Collective trust funds	15,682,127	—	—	—
Total	<u><u>\$ 137,512,867</u></u>	<u><u>\$ 121,830,740</u></u>	<u><u>\$ —</u></u>	<u><u>\$ —</u></u>

Assets and liabilities of the Master Trust measured at fair value on a recurring basis and corresponding fair value hierarchy level consisted of the following as of December 31, 2015:

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments subject to leveling				
Mutual funds	\$ 164,486,575	\$ 164,486,575	\$ —	\$ —
Investments measured at net asset value				
Collective trust funds	18,013,783	—	—	—
Total	<u><u>\$ 182,500,358</u></u>	<u><u>\$ 164,486,575</u></u>	<u><u>\$ —</u></u>	<u><u>\$ —</u></u>

Certain investments that are measured at fair value using the net asset value per share as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the fair value of the investments of the Master Trust.

E. Income Tax Status

The Internal Revenue Service determined and informed the Plan by a letter dated October 26, 2015 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the Department of Labor or Internal Revenue Service; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

F. Party-In-Interest Transactions

Parties-in-interest are defined under Department of Labor ("DOL") regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Master Trust holds investments for the Plan that are managed by Fidelity Investments and Fidelity Management Trust Company. Fidelity Management Trust Company, an affiliate of Fidelity Investments, is the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Additionally, the Master Trust holds notes receivable from Plan participants which qualify as party-in-interest transactions.

Effective January 1, 2013, the Plan adopted the Fidelity Investments Revenue Credit (RC) program. The Fidelity RC program is used to reimburse the Company for fees and expenses associated with the services of the Plan, or pay such vendors including the Trustee and third parties, accordingly. For the plan year ended December 31, 2016 and 2015, the Trustee made payments totaling \$75,000 and \$90,000, respectively, spread pro rata across each plan participating in the Master Trust, and payable on a quarterly basis.

During 2016 and 2015, the Plan paid administrative expenses to the following parties-in-interest:

Name of Party in Interest	Relationship	2016	2015
Fidelity Investment Institutional Operations Company	Record keeper	\$ 2,496	\$ 19,548
Wells Fargo	Advisor	\$ 19,800	\$ 22,500
Crowe Horwath	Auditor	\$ 11,615	\$ 11,330
Grigg Graphic Services	Printer	\$ 849	\$ 815

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

G. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016 and 2015 to the 2016 and 2015 Form 5500:

	<u>2016</u>	<u>2015</u>
Net assets available per the financial statements	\$ 50,521,126	\$ 50,549,815
Plus: Excess of current value of collective trusts reported on Form 5500 over net asset values	8,501	24,622
Less: Certain deemed distributions of participant loans with no post-default loan repayments as of 12/31	(2,422)	(2,501)
Net assets per the Form 5500	<u><u>\$ 50,527,205</u></u>	<u><u>\$ 50,571,936</u></u>

The following is a reconciliation of net increase prior to plan transfer per the financial statements to the net income reported in the 2016 and 2015 Forms 5500:

	<u>2016</u>	<u>2015</u>
Net increase in assets available for benefits prior to plan transfers per the financial statements	\$ 4,768,704	\$ 957,467
Plus:		
Certain deemed distribution of participant loans	79	—
Less:		
Certain deemed distribution of participant loans	—	(221)
Decrease in excess of current value of collective trusts reported on Form 5500 over net asset values	(16,121)	(36,080)
Net income per the Form 5500	<u><u>\$ 4,752,662</u></u>	<u><u>\$ 921,166</u></u>

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

H. Subsequent Events

Effective January 1, 2017, the Plan was amended and restated onto a volume submitter type of plan document sponsored by Fidelity Management & Research Company ("FMR"), which plan document has been approved by the Internal Revenue Service ("IRS") pursuant to an advisory letter issued by the IRS to FMR regarding the volume submitter plan's tax qualification under the IRC.

Effective January 1, 2017, the Plan was amended and restated to eliminate profit sharing contributions and to increase the employer matching contribution to the rate of 75% of a participant's elective deferral up to 5% of eligible compensation for all non-union employees. Union employees remain eligible for the agreed upon employer contributions according to each of the respective collective bargaining agreements.

Effective January 1, 2017, the Plan terminated the use of the Master Trust and transitioned its assets and liabilities in the Master Trust to a separate plan-level directed trust with Fidelity Management Trust Company as the successor trustee.

Effective July 2, 2017, the Plan was amended for employees covered by The United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied-Industrial and Service Workers International Union (USW), Local 12-1 unit 37 (Lamons QF3 USWA2) collective bargaining agreement to eliminate profit sharing contributions and to increase the employer matching contribution to the rate of 75% of a participant's elective deferral up to 5% of eligible compensation. The Plan will also be amended to allow newly hired employees covered under the aforementioned agreement to be automatically enrolled into the Plan at 5% with automatic annual increases of 1% up to a cap of 10%, unless they opt out or elect a different deferral rate within 45 days.

Plan management has evaluated subsequent events for recognition and disclosure through July 31, 2017, which is the date the financial statements were available to be issued, and determined there were no additional subsequent events requiring disclosure or recognition in the financial statements.

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2016

Name of Plan Sponsor: TriMas Corporation
Employer Identification Number: 38-2687639
Three-Digit Plan Number: 017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(e) Current Value
		Mutual funds	
	JPMorgan	Value Advantage Fund L	105,577
	Lazard Asset Management LLC	Emerging Markets Equity Fund	377,973
	T. Rowe Price	Mid-Cap Growth Fund	1,010,742
	Royce Funds	Opportunity Fund	353,387
	Invesco	Diversified Dividend Fund R5	703,330
	Hartford Funds	Core Equity Fund R5	5,238,825
	AllianceBernstein	Small Cap Growth Fund I	126,366
	Janus Investments	High Yield Bond Fund T	745,535
	Hotchkis & Wiley Funds	Mid-Cap Value Fund I	727,641
	American Funds	Europacific Growth Fund R6	534,261
	Calamos Investments	International Growth Fund I	73,980
	Vanguard Group Inc.	Small-Cap Value Index Fund Admiral	24,801
*	Fidelity Investments	Growth Company Fund	3,115,968
*	Fidelity Investments	Intermediate Bond Fund	2,084,623
*	Fidelity Investments	500 Index Fund PR	1,012,068
*	Fidelity Investments	Balanced Fund K	213,131
*	Fidelity Investments	Low Priced Stock Fund K	564,146
*	Fidelity Investments	Freedom Income K	295,303
*	Fidelity Investments	Freedom 2005 K	172,169
*	Fidelity Investments	Freedom 2010 K	838,745
*	Fidelity Investments	Freedom 2015 K	2,011,920
*	Fidelity Investments	Freedom 2020 K	5,512,056
*	Fidelity Investments	Freedom 2025 K	4,681,636
*	Fidelity Investments	Freedom 2030 K	4,789,421
*	Fidelity Investments	Freedom 2035 K	2,343,454
*	Fidelity Investments	Freedom 2040 K	2,184,393
*	Fidelity Investments	Freedom 2045 K	1,633,432
*	Fidelity Investments	Freedom 2050 K	1,538,006
*	Fidelity Investments	Freedom 2055 K	430,596
*	Fidelity Investments	Freedom 2060 K	143,021

TRIMAS CORPORATION
HOURLY RETIREMENT PROGRAM
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(e) Current Value
		Collective trust fund	
*	Wells Fargo Bank, N.A.	Stable Value Fund	4,253,072
		Notes receivable from participants	
*	Notes receivable from participants	4.25% to 5.00% with various maturity dates	\$ 2,523,388
			<u>\$ 50,362,966</u>

Note: Column (d) omitted as all investments are participant directed.

* Denotes party-in-interest

Refer to Independent Auditor's Report.