

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 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>TRAFFIC SOLUTIONS CORPORATION 401(K) PLAN</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>09/01/2007</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>TRAFFIC SOLUTIONS CORPORATION</u> <u>1100 MAIN STREET, SUITE 100</u> <u>SUITE 100</u> <u>IRVINE, CA 92614</u>	2b	Employer Identification Number (EIN) <u>46-0614677</u>
		2c	Plan Sponsor's telephone number <u>949-527-3725</u>
		2d	Business code (see instructions) <u>423400</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2017	LYNDA TSCHUDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 393
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 371 6a(2) 357 6b 0 6c 30 6d 387 6e 0 6f 387 6g 130 6h 6
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 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> 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 TRAFFIC SOLUTIONS CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRAFFIC SOLUTIONS CORPORATION	D Employer Identification Number (EIN) 46-0614677	

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

(a) Name of insurance carrier

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	370861-01	386	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
259	0

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

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

DAVID S. DUNCAN
311 MAIN STREET
IRWIN, PA 15642

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
259	0	N/A	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 85721**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ N/A**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 90990**c** Additions: (1) Contributions deposited during the year **7c(1)** 7259
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 1058
(4) Transferred from separate account..... **7c(4)** 623
(5) Other (specify below)..... **7c(5)** 2203
▶(6) Total additions **7c(6)** 11143**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 102133**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 300
(2) Administration charge made by carrier..... **7e(2)** 14
(3) Transferred to separate account..... **7e(3)** 16098
(4) Other (specify below)..... **7e(4)**
▶(5) Total deductions **7e(5)** 16412**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 85721

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 TRAFFIC SOLUTIONS CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRAFFIC SOLUTIONS CORPORATION	D Employer Identification Number (EIN) 46-0614677	

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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(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?
15 64	NONE	26913	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CAMBRIDGE INVESTMENT RESEARCH, INC.

1776 PLEASANT PLAIN ROAD
FAIRFIELD, IA 52556

42-1445429

(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 71	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DUNCAN ACCOUNTING & TAX SERVICES

311 MAIN STREET
IRWIN, PA 15642

25-1408612

(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?
12 16 50 65	NONE	2250	Yes ☒ No ☐	Yes ☒ No ☐	0	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> 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>TRAFFIC SOLUTIONS CORPORATION 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRAFFIC SOLUTIONS CORPORATION</u>	D Employer Identification Number (EIN) <u>46-0614677</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>AB GLOBAL BOND I</u>			
b Name of sponsor of entity listed in (a): <u>GREAT-WEST LIFE & ANNUITY INSURANCE</u>			
c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB LARGE CAP GROWTH I</u>			
b Name of sponsor of entity listed in (a): <u>GREAT-WEST LIFE & ANNUITY INSURANCE</u>			
c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59841</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK INFLATION PROTECTED BOND</u>			
b Name of sponsor of entity listed in (a): <u>GREAT-WEST LIFE & ANNUITY INSURANCE</u>			
c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4887</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA EMERGING MARKETS CORE EQUITY I</u>			
b Name of sponsor of entity listed in (a): <u>GREAT-WEST LIFE & ANNUITY INSURANCE</u>			
c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72424</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDERATED MDT STOCK INSTL</u>			
b Name of sponsor of entity listed in (a): <u>GREAT-WEST LIFE & ANNUITY INSURANCE</u>			
c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70577</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY INTERNATIONAL INDEX INV</u>			
b Name of sponsor of entity listed in (a): <u>GREAT-WEST LIFE & ANNUITY INSURANCE</u>			
c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14345</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN CORE BOND R6</u>			
b Name of sponsor of entity listed in (a): <u>GREAT-WEST LIFE & ANNUITY INSURANCE</u>			
c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>228933</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL GROWTH I		
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24485
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO COMMODITY REAL RET STRAT INST		
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4145
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL HIGH YIELD INST		
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8339
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL VALUE EQUITY		
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2957
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX ADM		
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11515
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERM-TERM BOND INDEX ADM		
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10988
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LARGE CAP INDEX ADM		
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63963
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID CAP INDEX FUND - ADMIR		
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8501
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH INDEX ADMIR		
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28497
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE INDEX ADMIRA		
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26736

a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD REIT INDEX ADM](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9505
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD SMALL CAP GROWTH INDEX ADM](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48284
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD SMALL CAP INDEX ADM](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138121
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2015 INV](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8137
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2020 INV](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 202376
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2025 INV](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58861
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2030 INV](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1340319
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2035 INV](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145936
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2040 INV](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 751137
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2045 INV](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37996
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2050 INV](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 440442
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2055 INV](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21220
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2060 INV](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1224
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT INCOME I](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59128
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD VALUE INDEX ADM](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13061
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO SMALL CO GROWTH I](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 461442
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO SPEC MD CP VAL I](#)

b Name of sponsor of entity listed in (a): [GREAT-WEST LIFE & ANNUITY INSURANCE](#)

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 540739
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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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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
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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>Internal Revenue Service</small> <small>Department of Labor</small> <small>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.	<small>OMB No. 1210-0110</small> 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>TRAFFIC SOLUTIONS CORPORATION 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRAFFIC SOLUTIONS CORPORATION</u>	D Employer Identification Number (EIN) <u>46-0614677</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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	61212	25106
(2) Participant contributions	1b(2)	1401	2491
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4346123	4919063
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	90990	85721
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4499726	5032381

Liabilities

g Benefit claims payable	1g	253	253
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		6031
k Total liabilities (add all amounts in lines 1g through 1j)	1k	253	6284

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4499473	5026097
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	25106	
(B) Participants	2a(1)(B)	331415	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		356521
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1058	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1058
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		402087
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		759666

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	203632	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		203632
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	300	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	28010	
(4) Other	2i(4)	1100	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		29410
j Total expenses. Add all expense amounts in column (b) and enter total	2j		233042

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		526624
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **WRIGHT FORD YOUNG & CO.**

(2) EIN: **95-3288054**

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		51128
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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			
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)

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

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

INDEX TO

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2016 AND 2015

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Wright Ford Young & Co.

Certified Public Accountants and Consultants, Inc.

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Traffic Solutions Corporation 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Traffic Solutions Corporation 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, the related statement of changes in net assets available for benefits for the year ended December 31, 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 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC, 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 December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

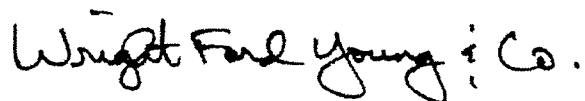
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2016, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 referred to above.

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

The form and content of the information included in the financial statements and supplemental 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 ERISA.

A handwritten signature in black ink that reads "Wright Ford Young & Co." with a stylized flourish at the end.

WRIGHT FORD YOUNG & CO.
Irvine, California
October 5, 2017

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
ASSETS:		
Investments:		
Registered investment companies, at fair value	\$ 4,919,063	\$ 4,346,123
Guaranteed investment contract, at contract value	<u>85,721</u>	<u>90,990</u>
Total investments	<u>5,004,784</u>	<u>4,437,113</u>
Receivables:		
Participant contributions	2,491	1,401
Employer contributions	<u>25,106</u>	<u>61,212</u>
Total receivables	<u>27,597</u>	<u>62,613</u>
Total assets	<u>5,032,381</u>	<u>4,499,726</u>
LIABILITIES:		
Benefit claims payable	253	253
Corrective distributions payable	<u>6,031</u>	<u>-</u>
Total liabilities	<u>6,284</u>	<u>253</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,026,097</u>	<u>\$ 4,499,473</u>

See independent auditor's report and notes to the financial statements.

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2016

Additions to net assets attributed to:

Investment earnings:

Net appreciation in fair value of investments \$ 290,759

Dividend income 112,386

Total investment earnings 403,145

Contributions:

Participant 331,415

Employer 25,106

Total contributions 356,521

Total additions 759,666

Deductions from net assets attributed to:

Benefits paid to participants 205,132

Plan fees and administrative expenses 27,910

Total deductions 233,042

NET INCREASE 526,624

NET ASSETS AVAILABLE FOR BENEFITS,
beginning of year 4,499,473

NET ASSETS AVAILABLE FOR BENEFITS,
end of year \$ 5,026,097

See independent auditor's report and notes to the financial statements.

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

1. DESCRIPTION OF PLAN

The following description of the Traffic Solutions Corporation 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Traffic Solutions Corporation and its subsidiaries (collectively, the Company). The Company's subsidiaries participating in the Plan include Safety Systems and Signs Hawaii, Inc. and Statewide Traffic Safety and Signs, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employees are eligible to participate in the Plan on the first day of the month following completion of two months of service.

Administration

The Plan is administered by the Company.

Contributions

Participants may elect to contribute up to 100% of eligible pre-tax or post-tax compensation, not to exceed the limits of the Internal Revenue Code (IRC). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

During 2016, the Company made discretionary employer matching contributions to the Safety Systems and Signs Hawaii, Inc. employees of 25% of the participant's deferral, up to the first 6% of a participant's eligible compensation. The Company may also make discretionary profit sharing contributions. For the year ended December 31, 2016, the Company made no discretionary profit sharing contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions, discretionary employer matching contributions, and allocations of the Company's discretionary profit sharing contributions, if any, Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings, deferrals and/or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

1. DESCRIPTION OF PLAN – (Continued)

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. All vested account balances exceeding \$1,000, but not exceeding \$5,000, may be rolled into an Individual Retirement Account. All vested account balances not exceeding \$1,000 may be immediately distributed in a lump-sum payment. With the plan administrator's approval, participants may withdraw all or part of their aggregate contributions in the event of financial hardship.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's discretionary matching and profit sharing contributions, plus actual earnings thereon, is based on years of service according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	25%
3	50%
4	75%
5	100%

Forfeitures

The unvested portion of a terminated participant's account will be forfeited and used to pay for Plan expenses or to reduce future Company contributions. As of December 31, 2016 and 2015, the amount of available forfeitures totaled \$3,134 and \$915, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Basis of Accounting – (Continued)

Investments held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Corrective Distributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

Plan Fees and Administrative Expenses

Plan fees and administrative expenses are generally paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain transactional fees are charged directly to the participant's account and are included in administrative expenses. Certain investment related expenses are netted with investment earnings.

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Subsequent Events

The Company has evaluated subsequent events through the date of the independent auditor's report, which is the date the accompanying financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC (collectively Great-West), the trustees of the Plan, have certified to the completeness and accuracy of the following information which is included in the financial statements and supplemental schedule of assets (held at end of year) as of December 31, 2016 and 2015, and for the year ended December 31, 2016.

	<u>2016</u>	<u>2015</u>
Registered investment companies	\$ 4,919,063	\$ 4,346,123
Guaranteed investment contract	85,721	90,990
Net appreciation in fair value of investments	290,759	n/a
Dividend income	112,386	n/a

4. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

4. FAIR VALUE MEASUREMENTS – (Continued)

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2016 and 2015.

Registered investment companies: These investments are public investment vehicles valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

Description	Total	Level 1	Level 2	Level 3
<u>December 31, 2016</u>				
Total registered investment companies	\$ 4,919,063	\$ 4,919,063	\$ -	\$ -
Total investments at fair value	<u>\$ 4,919,063</u>	<u>\$ 4,919,063</u>	<u>\$ -</u>	<u>\$ -</u>
<u>December 31, 2015</u>				
Total registered investment companies	\$ 4,346,123	\$ 4,346,123	\$ -	\$ -
Total investments at fair value	<u>\$ 4,346,123</u>	<u>\$ 4,346,123</u>	<u>\$ -</u>	<u>\$ -</u>

In regards to the classification of investment options offered by the Plan, there were no reclassifications in or out of levels 1, 2 or 3 during the year ended December 31, 2016.

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

As of December 31, 2016 and 2015, the Plan held an investment contract, the Key Guaranteed Portfolio Fund (KGPF), with Great-West Life & Annuity Insurance Company (Great-West Life). This investment contract met the fully benefit-responsive criteria and therefore is reported at contract value. Contract value is the relevant measure for the fully-benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

Net deposits invested in the KGPF become part of Great-West Life's general account. Contract value is guaranteed by the full faith and credit of Great-West Life. The Plan's ability to receive amounts due in accordance with fully benefit-responsive contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the contract issuer, but it may not be less than 0%. The crediting interest rate is reset quarterly. The contract cannot be terminated before the scheduled maturity date.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Company, or (4) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the Plan participants are probable of occurring.

In addition, certain events allow the contract issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreements without the consent of the contract issuer.

6. PLAN TERMINATION

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

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. As of December 31, 2016, the Plan held approximately 53% of its investments in three funds.

8. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Certain Plan investments are managed by Great-West, the trustees and record-keepers of the Plan. The Plan paid \$27,910 in contract administration fees during 2016. The Company paid certain administrative expenses of the Plan, including recordkeeping and audit fees. These transactions qualify as party-in-interest transactions for which a statutory exemption exists.

In connection with a fee sharing arrangement with Great-West, the Plan had \$0 available to offset future plan expenses or allocate to participants as of December 31, 2016 and 2015. During the year ended December 31, 2016, Great-West credited the Plan \$2,770 to reduce plan expenses.

9. TAX STATUS

The Company adopted a Non-Standardized Prototype Profit Sharing Plan which received a favorable opinion letter from the IRS on March 31, 2014, which stated that the Plan, as then designed, was in accordance with applicable sections of the IRC. The Plan has since been amended. The plan administrator believes 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain 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, there are currently no audits for any tax periods in progress.

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN
PLAN FEIN#: 46-0614677
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Great West Life & Annuity Insurance Company	AllianceBernstein Global Bond Fund	**	\$ 2
*	Great West Life & Annuity Insurance Company	AllianceBernstein Large CAP Growth Fund	**	59,841
*	Great West Life & Annuity Insurance Company	BlackRock Inflation Protected Bond Fund	**	4,887
*	Great West Life & Annuity Insurance Company	DFA Emerging Markets Core Equity Fund	**	72,424
*	Great West Life & Annuity Insurance Company	Federated MDT Stock Instl Fund	**	70,578
*	Great West Life & Annuity Insurance Company	Fidelity Spartan International Index Investor Fund	**	14,345
*	Great West Life & Annuity Insurance Company	JPMorgan Core Bond Fund	**	228,933
*	Great West Life & Annuity Insurance Company	Oppenheimer International Growth Fund	**	24,485
*	Great West Life & Annuity Insurance Company	PIMCO Commodity Real Estate Strategy Fund	**	4,145
*	Great West Life & Annuity Insurance Company	Principal High Yield Fund	**	8,339
*	Great West Life & Annuity Insurance Company	T. Rowe Price Intl Value Equity Fund	**	2,957
*	Great West Life & Annuity Insurance Company	Vanguard Growth Index Admiral Fund	**	11,515
*	Great West Life & Annuity Insurance Company	Vanguard Interim-Term Bond Index Admiral Fund	**	10,988
*	Great West Life & Annuity Insurance Company	Vanguard Large Cap Index Admiral Fund	**	63,963
*	Great West Life & Annuity Insurance Company	Vanguard Mid-Cap Growth Index Admiral Fund	**	28,497
*	Great West Life & Annuity Insurance Company	Vanguard Mid-Cap Index Admiral Fund	**	8,501
*	Great West Life & Annuity Insurance Company	Vanguard Mid-Cap Value Index Admiral Fund	**	26,736
*	Great West Life & Annuity Insurance Company	Vanguard REIT Index Admiral Fund	**	9,506
*	Great West Life & Annuity Insurance Company	Vanguard Small Cap Growth Index Admiral Fund	**	48,284
*	Great West Life & Annuity Insurance Company	Vanguard Small Cap Index Admiral Fund	**	138,121
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement 2015 Investor Fund	**	8,137
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement 2020 Investor Fund	**	202,376
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement 2025 Investor Fund	**	58,861
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement 2030 Investor Fund	**	1,340,319
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement 2035 Investor Fund	**	145,936
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement 2040 Investor Fund	**	751,137
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement 2045 Investor Fund	**	37,996
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement 2050 Investor Fund	**	440,442
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement 2055 Investor Fund	**	21,220
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement 2060 Investor Fund	**	1,222
*	Great West Life & Annuity Insurance Company	Vanguard Target Retirement Income Investor Fund	**	59,128
*	Great West Life & Annuity Insurance Company	Vanguard Value Index Admiral Fund	**	13,061
*	Great West Life & Annuity Insurance Company	Wells Fargo Advantage Small Co Growth Fund	**	461,442
*	Great West Life & Annuity Insurance Company	Wells Fargo Advantage Spec Mid Cap Value Fund	**	540,739
*	Great West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	**	85,721
				<u>\$ 5,004,784</u>

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

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and disclosure under ERISA when the account is participant directed.

See independent auditor's report and notes to the financial statements.

TRAFFIC SOLUTIONS CORPORATION 401(k) PLAN
PLAN FEIN#: 46-0614677
PLAN # 001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 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 Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Year ended December 31, 2015 \$5,571	\$5,571			
Year ended December 31, 2016 \$45,557	\$45,557			

See accompanying independent auditor's report and notes to the financial statements.

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 <div style="font-size: 24pt; font-weight: bold;">2016</div> 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		01/01/2016	and ending		12/31/2016
---	--	------------	------------	--	------------

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 Traffic Solutions Corporation 401(k) Plan	1b Three-digit plan number (PN) ► 001 1c Effective date of plan 09/01/2007
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) Traffic Solutions Corporation 1100 Main Street, Suite 100 Suite 100 US Irvine CA 92614	2b Employer Identification Number (EIN) 46-0614677 2c Plan Sponsor's telephone number (949) 527-3725 2d Business code (see instructions) 423400

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		10/10/2017	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/17	
	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) Skip this question	Preparer's telephone number Skip this question
--	--

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
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	5 393
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) 371
a(2) Total number of active participants at the end of the plan year	6a(2) 357
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 30
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 387
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 387
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 130
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 6
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 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	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	(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) ☒ 1 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 H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2016 and Ending 12/31/2016

Name of Plan: **Traffic Solutions Corporation 401(k) Plan**

Employer Identification Number: **46-0614677** Three-digit plan number: **001**

[illegible]

Schedule of Assets Held for Investment Purposes at the End of Year

Attachment for Schedule H Item 4i

January 1, 2016 through December 31, 2016

Traffic Solutions Corporation
401(k) Plan
EIN #46-0614677
PIN #001

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
	Great-West Life & Annuity Insurance Company - Separate Account	AB GLOBAL BOND I	**	2
	Great-West Life & Annuity Insurance Company - Separate Account	AB LARGE CAP GROWTH I		59,841
	Great-West Life & Annuity Insurance Company - Separate Account	BLACKROCK INFLATION PROTECTED BOND INSTL		4,887
	Great-West Life & Annuity Insurance Company - Separate Account	DFA EMERGING MARKETS CORE EQUITY I		72,424
	Great-West Life & Annuity Insurance Company - Separate Account	FEDERATED MDT STOCK INSTL		70,577
	Great-West Life & Annuity Insurance Company - Separate Account	FIDELITY INTERNATIONAL INDEX INV		14,345
	Great-West Life & Annuity Insurance Company - Separate Account	JPMORGAN CORE BOND R6		228,933
	Great-West Life & Annuity Insurance Company - Separate Account	OPPENHEIMER INTERNATIONAL GROWTH I		24,485
	Great-West Life & Annuity Insurance Company - Separate Account	PIMCO COMMODITY REAL RET STRAT INSTL		4,145
	Great-West Life & Annuity Insurance Company - Separate Account	PRINCIPAL HIGH YIELD INST		8,339
	Great-West Life & Annuity Insurance Company - Separate Account	T. ROWE PRICE INTL VALUE EQUITY		2,957
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD GROWTH INDEX ADM		11,515
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD INTERM-TERM BOND INDEX ADM		10,988
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD LARGE CAP INDEX ADM		63,963
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD MID CAP INDEX FUND - ADMIRAL		8,501
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD MID-CAP GROWTH INDEX ADMIRAL		28,497
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD MID-CAP VALUE INDEX ADMIRAL		26,736
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD REIT INDEX ADM		9,505
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD SMALL CAP GROWTH INDEX ADMIRAL		48,284
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD SMALL CAP INDEX ADM		138,121
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT 2015 INV		8,137
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT 2020 INV		202,376
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT 2025 INV		58,861
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT 2030 INV		1,340,319
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT 2035 INV		145,936
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT 2040 INV		751,137
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT 2045 INV		37,996
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT 2050 INV		440,442
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT 2055 INV		21,220
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT 2060 INV		1,224
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD TARGET RETIREMENT INCOME INV		59,128
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD VALUE INDEX ADM		13,061
	Great-West Life & Annuity Insurance Company - Separate Account	WELLS FARGO SMALL CO GROWTH I		461,442
	Great-West Life & Annuity Insurance Company - Separate Account	WELLS FARGO SPEC MD CP VAL I		540,739
	Great-West Life & Annuity Insurance Company - General Account	KEY GUARANTEED PORTFOLIO FUND		85,721
				5,004,784

** Cost information is not required as the Plan is participant-directed

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2016 and Ending 12/31/2016

Name of Plan: **Traffic Solutions Corporation 401(k) Plan**

Employer Identification Number: **46-0614677** Three-digit plan number: **001**

[illegible]