

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 ☒ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2013</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>TRION SOLUTIONS, INC.</u> <u>340 E. BIG BEAVER RD., SUITE 160</u> <u>TROY, MI 48083</u>	2b	Employer Identification Number (EIN) <u>46-1334892</u>
		2c	Plan Sponsor's telephone number <u>248-498-4800</u>
		2d	Business code (see instructions) <u>812990</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.	10/24/2017	DAVID STONE
	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.

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 1274
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	 6a(1) 26002 6a(2) 25070 6b 0 6c 164 6d 25234 6e 0 6f 25234 6g 462 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 3D 2F 2G 2A	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 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 TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892	

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
NATIONWIDE LIFE 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
31-4156830	66869	442-80146	462	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
4982	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
L.M. KOHN & COMPANY 10151 CARVER ROAD SUITE 100 CINCINNATI, OH 45242

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4982			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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
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 ▶		
b	Balance at the end of the previous year	7b	405665
c	Additions: (1) Contributions deposited during the year	7c(1)	183989
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	9923
	(4) Transferred from separate account	7c(4)	112275
	(5) Other (specify below)	7c(5)	216444
	▶ LOAN REPAYMENT -PRINCIPAL, TRANSFER FROM OUTSIDE NW		
	(6) Total additions	7c(6)	522631
d	Total of balance and additions (add lines 7b and 7c(6))	7d	928296
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	103022
	(2) Administration charge made by carrier.....	7e(2)	428
	(3) Transferred to separate account	7e(3)	311481
	(4) Other (specify below)	7e(4)	10947
	▶ LOAN WITHDRAWAL		
	(5) Total deductions	7e(5)	425878
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	502418

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)	0
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)	0
(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)	0
(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.
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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 TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892

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)

NATIONWIDE LIFE INSURANCE COMPANY

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4056830

(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	RECORDKEEPER	133685	Yes ☒ No ☐	Yes ☒ No ☐	1	Yes ☐ No ☒

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

THE BENEFIT ADVANTAGE, INC.

3497 AUBURN ROAD
AUBURN HILLS, MI 48326

38-3254950

(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 28 59 60 62 63 67 68	RECORDKEEPER	10541	Yes ☒ No ☐	Yes ☒ No ☐	1161	Yes ☐ No ☒

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

FENNER MELSTROM AND DOOLING PLC

355 S OLD WOODWARD AVE
SUITE 200
BIRMINGHAM, MI 48009

38-1402622

(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?
10	AUDITOR	8750	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING 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>TRION SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>46-1334892</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	8886	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	233629	306252
(2) Participant contributions	1b(2)	43122	116271
(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)	251139	307999
(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)	10703378	14254078
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	502418
(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	11240154	15487018

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	5998	43444
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5998	43444

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11234156	15443574
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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)	801562	
(B) Participants	2a(1)(B)	1721657	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)	1130439	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3653658
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)	12455	
(F) Other	2b(1)(F)	9190	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21645
(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)		1206194
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4881497

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1500280	
(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)		1500280
f Corrective distributions (see instructions)	2f		7986
g Certain deemed distributions of participant loans (see instructions)	2g		23312
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	8750	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	144336	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		153086
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1684664

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3196833
l Transfers of assets:			
(1) To this plan.....	2l(1)		1218175
(2) From this plan.....	2l(2)		205590

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: **FENNER, MELSTROM, & DOOLING, PLC**

(2) EIN: **38-1402622**

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		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)
SEVEN POINTS CONSULTING 401(K) PLAN	46-1183008	001
MACUHEALTH LP 401(K) PLAN	20-4719030	001
IWIS ENGINE SYSTEMS LP SAFE HARBOR 401(K) PLAN	45-1202560	001
ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & RETIREMENT PLAN	25-1915085	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>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING 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>TRION SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>46-1334892</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	<u>0</u>
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>01-0233346</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.
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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 / / .	

**TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**
Years Ended December 31, 2016 and 2015

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

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INDEPENDENT AUDITORS' REPORT

TO THE BOARD OF TRUSTEES
TRION SOLUTIONS, INC. 401(k) PROFIT SHARING PLAN
TROY, MICHIGAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Trion Solutions, Inc. 401(k) Profit Sharing 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 4, which was certified by John Hancock Life Insurance Company (U.S.A.) ("John Hancock") and Nationwide Financial Services, Inc. ("Nationwide"), the investment custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that John Hancock held the Plan's investment assets and notes receivable from participants and executed the related transactions from January 1, 2015 to August 25, 2015 and that Nationwide held the Plan's investment assets and notes receivable from participants and executed the related transactions from August 26, 2015 to December 31, 2016. The plan administrator has obtained a certification from the investment custodians as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the investment custodians is complete and accurate.

Disclaimer of Opinion

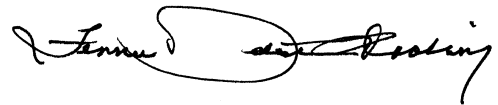
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of or for the year ended 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 the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule 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 schedule, other than that derived from the information certified by the investment custodians, 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.

A handwritten signature in black ink, appearing to read "Fenner Melstrom & Dooling", written in a cursive style.

FENNER, MELSTROM & DOOLING, PLC

OCTOBER 23, 2017

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2016 and 2015

	<u>2 0 1 6</u>	<u>2 0 1 5</u>
ASSETS		
INVESTMENTS AT FAIR VALUE	\$14,254,078	\$10,306,600
INVESTMENTS AT CONTRACT VALUE.....	<u>502,418</u>	<u>405,664</u>
TOTAL INVESTMENTS.....	<u>14,756,496</u>	<u>10,712,264</u>
RECEIVABLES		
PARTICIPANT CONTRIBUTIONS	116,271	43,122
EMPLOYER CONTRIBUTIONS.....	306,252	233,629
NOTES RECEIVABLE FROM PARTICIPANTS	<u>307,999</u>	<u>251,139</u>
TOTAL RECEIVABLES	<u>730,522</u>	<u>527,890</u>
TOTAL ASSETS	<u>15,487,018</u>	<u>11,240,154</u>
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	<u>43,444</u>	<u>5,998</u>
TOTAL LIABILITIES	<u>43,444</u>	<u>5,998</u>
NET ASSETS AVAILABLE FOR BENEFITS.....	<u><u>\$15,443,574</u></u>	<u><u>\$11,234,156</u></u>

SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2016 and 2015

	<u>2 0 1 6</u>	<u>2 0 1 5</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
INVESTMENT INCOME/(LOSS)		
NET APPRECIATION/(DEPRECIATION)		
IN FAIR VALUE OF INVESTMENTS	\$ 1,206,194	\$ (766,143)
INTEREST	<u>9,190</u>	<u>2,047</u>
TOTAL INVESTMENT INCOME/(LOSS)	<u>1,215,384</u>	<u>(764,096)</u>
INTEREST INCOME ON NOTES		
RECEIVABLE FROM PARTICIPANTS	<u>12,455</u>	<u>9,618</u>
CONTRIBUTIONS		
PARTICIPANTS	1,721,657	955,872
EMPLOYER	801,562	674,450
ROLLOVER	<u>1,130,439</u>	<u>125,673</u>
TOTAL CONTRIBUTIONS	<u>3,653,658</u>	<u>1,755,995</u>
TOTAL ADDITIONS	<u>4,881,497</u>	<u>1,001,517</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
BENEFITS PAID TO PARTICIPANTS	1,500,280	531,825
ADMINISTRATION EXPENSES	153,086	49,594
CORRECTIVE DISTRIBUTIONS	7,986	5,998
DEEMED DISTRIBUTIONS	<u>23,312</u>	<u>3,518</u>
TOTAL DEDUCTIONS	<u>1,684,664</u>	<u>590,935</u>
NET INCREASE	3,196,833	410,582
TRANSFER OF ASSETS TO PLAN	1,218,175	4,933,935
TRANSFER OF ASSETS FROM PLAN	(205,590)	-
NET ASSETS AVAILABLE		
FOR BENEFITS, BEGINNING OF YEAR	<u>11,234,156</u>	<u>5,889,639</u>
NET ASSETS AVAILABLE		
FOR BENEFITS, END OF YEAR	<u>\$15,443,574</u>	<u>\$11,234,156</u>

SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

1. DESCRIPTION OF PLAN

The following description of Trion Solutions, Inc. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Company is a "Professional Employer Organization" ("PEO"). As a PEO, the Company assumes the role of employer for other companies who wish to lease their workers (the "Participating Companies"). Therefore, the Plan includes multiple Participating Companies and is considered a multiple employer plan according to the Internal Revenue Code ("IRC"). The IRC requires that Plan discrimination testing be performed separately for each Participating Company as if its workers were not leased. The IRC thus also allows each Participating Company to have differing requirements for eligibility, matching contributions, and vesting. The Company determines the aggregate matching contribution, safe harbor contribution, and profit sharing contribution (if applicable) for all participants based on each Participating Company's matching provisions and remits such amount to the Plan's investment custodian. Participants should refer to their applicable participation agreement with the Plan for specific details on eligibility and matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan fiduciaries oversee the governance of the Plan and determine the appropriateness of the Plan's investment offerings and monitor investment performance.

PARTICIPANT CONTRIBUTIONS

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds, participant directed brokerage accounts, and a guaranteed investment contract as investment options for participants. Contributions are subject to certain Internal Revenue Service limitations.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

1. DESCRIPTION OF PLAN (continued)

PARTICIPATING COMPANY CONTRIBUTIONS

Aggregate Participating Company contributions (which vary by Participating Company as previously described) of \$801,562 and \$674,450 were made for the years ended December 31, 2016 and 2015, respectively. Participants direct the investment of such contributions as described above. Contributions are subject to certain limitations.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the plan. Allocations are based on participant earnings 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.

VESTING

Participants are immediately vested in their contributions plus actual earnings thereon. Contributions made by the Participating Companies, if any, vest at varying rates as noted above. Generally, Participating Company contributions vest under either "safe harbor" provisions of the Internal Revenue Code whereby such contributions are immediately vested to the participant or under a vesting schedule whereby the participant is 100% vested after five or six years of eligible service.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their vested accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. Loan terms range from one to five years or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. No more than one loan may be outstanding at any time for any participant. Interest rates ranged from 3.25% to 6.77% per annum. Principal and interest are paid ratably through payroll deductions.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

1. DESCRIPTION OF PLAN (continued)

PAYMENT OF BENEFITS

Upon normal retirement, termination of employment, death, or disability, the entire vested balance of the participant's account becomes payable to the participant or the participant's beneficiary to be paid in a single lump sum payment. The Plan also permits withdrawals of active participants' elective contributions only in amounts necessary to satisfy financial hardship as defined by the plan agreement.

FORFEITED ACCOUNTS

At December 31, 2016 and 2015, forfeited nonvested accounts totaled \$10,077 and \$8,887, respectively. Forfeited nonvested accounts may be used to reduce administrative expenses or future employer contributions at the discretion of the Plan administrator. During 2016 and 2015, administrative expenses were reduced by \$11 and \$11,307, respectively, from forfeited nonvested accounts.

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 value 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements are presented on the accrual basis of accounting.

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 that 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.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

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

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded at December 31, 2016 and 2015. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to participant contributions. A corrective refund of duplicate remittances in the amount of \$20,470 is also included in this liability.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

PAYMENT OF BENEFITS

Benefits are recorded when paid.

EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Certain investment related expenses are included in net appreciation/(depreciation) of fair value of investments

DATE OF MANAGEMENT'S REVIEW

The Plan has evaluated subsequent events through October 23, 2017, the date the financial statements were available to be issued.

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 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.
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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

3. FAIR VALUE MEASUREMENTS (continued)

MUTUAL FUNDS

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

BROKERAGE ACCOUNTS

Valued at the NAV of the securities underlying the accounts held by the Plan at year end.

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

	<u>LEVEL 1</u>	<u>TOTAL FAIR VALUE</u>
MUTUAL FUNDS.....	\$14,246,392	\$14,246,392
BROKERAGE ACCOUNTS	<u>7,686</u>	<u>7,686</u>
 TOTAL INVESTMENTS AT FAIR VALUE	 <u><u>\$14,254,078</u></u>	 <u><u>\$14,254,078</u></u>

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

	<u>LEVEL 1</u>	<u>TOTAL FAIR VALUE</u>
MUTUAL FUNDS.....	\$10,305,135	\$10,305,135
BROKERAGE ACCOUNTS	<u>1,465</u>	<u>1,465</u>
 TOTAL INVESTMENTS AT FAIR VALUE	 <u><u>\$10,306,600</u></u>	 <u><u>\$10,306,600</u></u>

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

**4. INFORMATION PREPARED AND CERTIFIED BY
INVESTMENT CUSTODIANS**

The investment information included in the accompanying financial statements and supplementary schedule was obtained from data that has been prepared and certified to as complete and accurate by John Hancock from January 1, 2015 to August 25, 2015 and Nationwide from August 26, 2015 to December 31, 2016 in accordance with Section 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.

**5. INVESTMENT CONTRACT WITH INSURANCE
COMPANY**

In 2015, the Plan entered into a fully benefit-responsive traditional guaranteed investment contract with Nationwide. Nationwide maintains the contributions in a general account which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract meets the fully benefit-responsive investment contract 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 contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The crediting rate was 1.90% throughout 2015 and the first three quarters of 2016; the crediting rate was 1.85% during the fourth quarter of 2016.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract 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.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

**5. INVESTMENT CONTRACT WITH INSURANCE
COMPANY (continued)**

Certain events limit the Plan's ability to transact at contract value with Nationwide. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants, is probable

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: (a) An uncured violation of the Plan's investment guidelines, (b) A breach of material obligation under the contract, (c) A material misrepresentation, (d) A material amendment to the agreements without the consent of the issuer.

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by John Hancock or Nationwide. John Hancock or Nationwide is the investment custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Direct fees paid by the Plan for recordkeeping and administrative services amounted to \$133,795 and \$35,754 for 2016 and 2015, respectively. In addition fees paid by the Plan for investment management services are included in net appreciation/(depreciation) in fair value of investments

Processing and administration fees were paid to The Benefit Advantage, Inc., which qualify as party-in-interest. Fees paid by the Plan for these services amounted to \$10,541 and \$2,580 for the years ended December 31, 2016 and 2015, respectively.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

6. PARTY-IN-INTEREST TRANSACTIONS (continued)

Professional services were provided to the Plan by Fenner, Melstrom & Dooling, PLC ('FMD'). FMD is the Plan's auditor, and therefore qualifies as party-in-interest. Fees paid by the Plan for services amounted to \$8,750 and \$11,260 for the years ended December 31, 2016 and 2015, respectively.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

7. PLAN TERMINATION

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

8. TAX STATUS

The Company has adopted a prototype plan that relies on the opinion letter of the prototype document. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdiction; 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.

SUPPLEMENTARY INFORMATION

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN 46-1334892 PN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i))
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
	Aberdeen	Global Equity	*	\$ 106,044
	American Century	Short Duration Inflation Protection Bond Fund	*	89,012
	JP Morgan	Core Plus Bond Fund	*	206,965
	JP Morgan	Small Cap Value	*	50,271
	Ave Maria	Growth Fund	*	29,577
	MFS	Value Fund R4	*	66
	American Beacon	International Equity Institutional	*	111,943
	Prudential	Global Real Estate Fund	*	113,690
	T. Rowe Price	Media and Telecommunications Fund	*	33,887
	Fidelity	New Insights	*	16,145
	Franklin	Small Cap Value ADV	*	16,893
	Lord Abbett	High Yield Fund	*	90,073
	Lord Abbett	Total Return Fund	*	162,723
	T. Rowe Price	Blue Chip Growth Fund	*	31,575
	DFA	Emerging Markets Core Equity Portfolio	*	80,675
	JP Morgan	Equity Income Fund Select	*	109,401
	Vanguard	Target Retirement 2060 Fund	*	9,684
	Templeton	Global Bond Fund	*	62,129
	Blackrock	Strategic Income Opportunities Portfolio	*	71,690
	Columbia	Select Large Cap Growth Fund	*	130,836
	Franklin	Gold Precious Metals ADV	*	6,761
	Vanguard	500 Index Fund	*	1,235,839
	Vanguard	Balanced Index Fund	*	197,549
	Vanguard	Emerging Markets Stock Index Fund	*	198,993

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SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN 46-1334892 PN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
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
	Vanguard	Mid Cap Index Fund	*	\$ 178,723
	Vanguard	Short-Term Bond Index		
		Fund Admiral Shares	*	1,297
	Vanguard	Small-Cap Index Fund	*	131,325
	Vanguard	Total Bond		
		Market Index Fund	*	29,502
	Vanguard	Total International		
		Stock Index Fund	*	68,447
	Amana	Trust Growth Fund	*	64,590
	Amana	Trust Income Fund	*	234,917
	Vanguard	Total Stock		
		Market Index Fund	*	567,623
	Vanguard	Explorer Fund	*	37,305
	Vanguard	Health Care Fund	*	27,490
	Vanguard	Long-Term		
		Investment Grade Fund	*	84,226
	Vanguard	Mid-Cap		
		Growth Index Fund	*	250,993
	Vanguard	Mid-Cap Value Index Fund	*	491,779
	Vanguard	Small-Cap		
		Value Index Fund	*	437,881
	Vanguard	Small-Cap		
		Growth Index Fund	*	195,700
	DFA	Five-Year Global		
		Fixed Income Portfolio	*	115,286
	MFS	Value Fund R6	*	174,169
	Federated	Govt Obligations Fund	*	10,077
	Vanguard	Consumer Staples Index		
		Fund	*	10,364
	Prudential	Total Return Bond Fund	*	113,184
*	Nationwide	Investor Destinations		
		Aggressive Fund	*	713,891

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SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN 46-1334892 PN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
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
*	Nationwide	Investor Destinations Conservative Fund	*	\$ 192,724
*	Nationwide	Investor Destinations Moderately Conservative Fund	*	410,562
*	Nationwide	Investor Destinations Moderately Aggressive Fund	*	1,423,118
*	Nationwide	Investor Destinations Moderate Fund	*	1,455,694
	MFS	Research Fund	*	83,555
	MFS	Utilities Fund	*	15,056
	Oppenheimer	International Growth Fund	*	154,202
	Prudential	High Yield Fund	*	140,259
	American Funds	AMCAP Fund	*	32,665
	American Funds	Growth Fund of America	*	1,566
	American Funds	American Balanced Fund	*	1,543
	American Funds	American Mutual Fund	*	17,327
	American Funds	Capital World Growth and Income Fund	*	31,569
	Vanguard	Target Retirement 2050 Fund	*	92,694
	Vanguard	Target Retirement 2040 Fund	*	323,960
	Vanguard	Global Equity Fund	*	278,130
	Vanguard	Target Retirement 2035 Fund	*	231,792
	Vanguard	Target Retirement 2010 Fund	*	93,144
	Vanguard	Target Retirement 2030 Fund	*	700,036

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TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN 46-1334892 PN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
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
	Vanguard	Target Retirement 2045 Fund	*	\$ 241,864
	Vanguard	Target Retirement Income Fund	*	20,226
	Vanguard	Target Retirement 2025 Fund	*	66,821
	Vanguard	Target Retirement 2020 Fund	*	598,636
	Vanguard	Target Retirement 2015 Fund	*	31,077
	Vanguard	US Value Fund	*	417,337
	Vanguard	Target Retirement 2055 Fund	*	<u>89,645</u>
				14,246,392
*	Nationwide	Fixed Select Investment Contract	*	502,418
*	Nationwide	Participant Directed Brokerage Accounts	*	7,686
*	Participant Loans	Maturing in 1 to 5 years interest rate 3.25% - 6.77%; collateral - participant account balances - 0 -		<u>307,999</u>
				<u><u>\$ 15,064,495</u></u>

(a) An asterisk in this column identifies an entity known to be a party-in-interest

(d) An asterisk in this column indicates cost omitted for participant directed investments

SEE ACCOMPANYING NOTES

Multiple-Employer Plan Participating Employer Information

Trion Solutions, Inc. 401(k) Profit Sharing Plan - EIN: 46-1334892 - PN 001

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
A OK COOLING & HEATING, CORP	38-1735333	0.535%
ABC HARLEY DAVIDSON	38-2401045	0.453%
AKS OF ROMEO, LLC	38-3635355	1.103%
ALL ABOARD DAYCARE, INC.	65-0372459	0.990%
ARISTOCAT TRANSPORTATION	38-2839370	0.000%
ATLAS HOME IMPROVEMENT	35-2200928	0.164%
AUTO KONNECT, LLC	26-0385325	5.139%
AXSIUM GROUP	98-0584491	10.989%
BANKER & BRISEBOIS CO	38-0324950	2.310%
BIG SKY SERVICE COMPANY	46-2163573	0.000%
BLARNEY STONE BROADCASTING	61-1684119	0.004%
C & J PARKING LOT SWEEPING, INC.	38-2637634	1.246%
CAPITAL 4 GROWTH LLC	81-0909367	0.664%
CKS OF MT. CLEMENS, LLC	32-0027931	2.339%
COMPUMETICS, INC.	38-1992347	0.000%
CONCRETE PLACEMENT LLC	68-0671222	0.000%
CONTEYOR US INC	47-1360531	0.021%
DJC INVESTMENTS	45-0536938	0.001%
EXTREME ENGINEERING	02-0644872	0.361%
FQ LLC - HEALTHQUEST	27-3616984	0.000%
GLOBAL OFFICE SOLUTIONS, LLC	38-3435808	2.762%
HEALTHQUEST PHYSICAL THERAPY & WELLNESS CEN	27-3540142	1.846%
HEALTHQUEST PHYSICAL THERAPY & WELLNESS CEN	38-3441098	0.550%
HELPING HANDS LLC IS DBA METRO HOME CARE AND	61-1455609	1.188%
HIGH WATER ADVISORS	46-1331973	0.412%
HQ INC.	38-3626585	2.141%
HQ OF OXFORD	20-1913844	1.170%
HUBER LODGE	90-1027418	0.056%
HUFFMASTER CRISIS RESPONSE LLC	38-3312074	11.267%
IMS/MOLD FREE	76-0770762	0.196%
KELLEHER BENEFITS GROUP LLC	47-2573935	0.778%
KKS OF MICHIGAN LLC	38-3578339	1.774%
KRS OF CLAWSON, LLC	22-3934436	1.410%
KSS OF SHELBY TOWNSHIP, LLC	32-0028094	1.928%
LANDMARK SYSTEMS, INC	38-3235038	0.619%
LAPEER LODGE	27-2550650	0.000%
LIFELINE SCIENCE	27-5549592	0.118%
LTC AUTOMOTIVE INC.	38-3393966	0.830%
MACUHEALTH	20-4719030	0.085%
NEW HAVEN LODGE	30-0767584	0.008%
NOVEM ENGINEERING	38-2729847	1.975%
PROFESSIONAL GRAPHIC NETWORK, INC.	95-4768690	0.016%
RE FORMSNET (ZIPLOGIC)	20-3891119	24.362%

Multiple-Employer Plan Participating Employer Information
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Trion Solutions, Inc. 401(k) Profit Sharing Plan - EIN: 46-1334892 - PN 001

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
RED E PARTS	45-2799160	0.030%
RESOURCE EMPLOYMENT SOLUTIONS	38-3216581	0.432%
SELECTIVE INDUSTRIES, INC.	59-1219865	0.318%
SERRANO PAINT AND BODY SHOP CO., INC.	47-5118959	1.307%
TERRADIN LLC	46-1334892	0.215%
TRION SOLUTIONS INC	38-3139381	11.887%
TWO MEN AND A TRUCK	26-3504166	2.517%
VMS OF MACOMB TOWNSHIP LLC	20-0040610	1.147%
WEDGEWOOD PROPERTY MANAGEMENT	46-2575897	0.183%
WFQ	35-2544552	0.000%
WIED AUTOMATION INC.	47-1600658	0.154%

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN 46-1334892 PN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i))
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
	Aberdeen	Global Equity	*	\$ 106,044
	American Century	Short Duration Inflation Protection Bond Fund	*	89,012
	JP Morgan	Core Plus Bond Fund	*	206,965
	JP Morgan	Small Cap Value	*	50,271
	Ave Maria	Growth Fund	*	29,577
	MFS	Value Fund R4	*	66
	American Beacon	International Equity Institutional	*	111,943
	Prudential	Global Real Estate Fund	*	113,690
	T. Rowe Price	Media and Telecommunications Fund	*	33,887
	Fidelity	New Insights	*	16,145
	Franklin	Small Cap Value ADV	*	16,893
	Lord Abbett	High Yield Fund	*	90,073
	Lord Abbett	Total Return Fund	*	162,723
	T. Rowe Price	Blue Chip Growth Fund	*	31,575
	DFA	Emerging Markets Core Equity Portfolio	*	80,675
	JP Morgan	Equity Income Fund Select	*	109,401
	Vanguard	Target Retirement 2060 Fund	*	9,684
	Templeton	Global Bond Fund	*	62,129
	Blackrock	Strategic Income Opportunities Portfolio	*	71,690
	Columbia	Select Large Cap Growth Fund	*	130,836
	Franklin	Gold Precious Metals ADV	*	6,761
	Vanguard	500 Index Fund	*	1,235,839
	Vanguard	Balanced Index Fund	*	197,549
	Vanguard	Emerging Markets Stock Index Fund	*	198,993

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SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN 46-1334892 PN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
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	(d) Cost	(e) Current value
	Vanguard	Mid Cap Index Fund	*	\$ 178,723
	Vanguard	Short-Term Bond Index		
		Fund Admiral Shares	*	1,297
	Vanguard	Small-Cap Index Fund	*	131,325
	Vanguard	Total Bond		
		Market Index Fund	*	29,502
	Vanguard	Total International		
		Stock Index Fund	*	68,447
	Amana	Trust Growth Fund	*	64,590
	Amana	Trust Income Fund	*	234,917
	Vanguard	Total Stock		
		Market Index Fund	*	567,623
	Vanguard	Explorer Fund	*	37,305
	Vanguard	Health Care Fund	*	27,490
	Vanguard	Long-Term		
		Investment Grade Fund	*	84,226
	Vanguard	Mid-Cap		
		Growth Index Fund	*	250,993
	Vanguard	Mid-Cap Value Index Fund	*	491,779
	Vanguard	Small-Cap		
		Value Index Fund	*	437,881
	Vanguard	Small-Cap		
		Growth Index Fund	*	195,700
	DFA	Five-Year Global		
		Fixed Income Portfolio	*	115,286
	MFS	Value Fund R6	*	174,169
	Federated	Govt Obligations Fund	*	10,077
	Vanguard	Consumer Staples Index		
		Fund	*	10,364
	Prudential	Total Return Bond Fund	*	113,184
*	Nationwide	Investor Destinations		
		Aggressive Fund	*	713,891

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SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN 46-1334892 PN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
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
*	Nationwide	Investor Destinations Conservative Fund	*	\$ 192,724
*	Nationwide	Investor Destinations Moderately Conservative Fund	*	410,562
*	Nationwide	Investor Destinations Moderately Aggressive Fund	*	1,423,118
*	Nationwide	Investor Destinations Moderate Fund	*	1,455,694
	MFS	Research Fund	*	83,555
	MFS	Utilities Fund	*	15,056
	Oppenheimer	International Growth Fund	*	154,202
	Prudential	High Yield Fund	*	140,259
	American Funds	AMCAP Fund	*	32,665
	American Funds	Growth Fund of America	*	1,566
	American Funds	American Balanced Fund	*	1,543
	American Funds	American Mutual Fund	*	17,327
	American Funds	Capital World Growth and Income Fund	*	31,569
	Vanguard	Target Retirement 2050 Fund	*	92,694
	Vanguard	Target Retirement 2040 Fund	*	323,960
	Vanguard	Global Equity Fund	*	278,130
	Vanguard	Target Retirement 2035 Fund	*	231,792
	Vanguard	Target Retirement 2010 Fund	*	93,144
	Vanguard	Target Retirement 2030 Fund	*	700,036

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TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN 46-1334892 PN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
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
	Vanguard	Target Retirement 2045 Fund	*	\$ 241,864
	Vanguard	Target Retirement Income Fund	*	20,226
	Vanguard	Target Retirement 2025 Fund	*	66,821
	Vanguard	Target Retirement 2020 Fund	*	598,636
	Vanguard	Target Retirement 2015 Fund	*	31,077
	Vanguard	US Value Fund	*	417,337
	Vanguard	Target Retirement 2055 Fund	*	<u>89,645</u>
				14,246,392
*	Nationwide	Fixed Select Investment Contract	*	502,418
*	Nationwide	Participant Directed Brokerage Accounts	*	7,686
*	Participant Loans	Maturing in 1 to 5 years interest rate 3.25% - 6.77%; collateral - participant account balances - 0 -		<u>307,999</u>
				<u><u>\$ 15,064,495</u></u>

(a) An asterisk in this column identifies an entity known to be a party-in-interest

(d) An asterisk in this column indicates cost omitted for participant directed investments

SEE ACCOMPANYING NOTES