Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR COLLECTIVE BARGAINING EMP. AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1963

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)

TRINITY HIGHWAY PRODUCTS, LLC

2525 AKARD ST
DALLAS, TX 75207-2400

2b Employer Identification Number (EIN)
42-1642965

2c Plan Sponsor's telephone number
214-589-8321

2d Business code (see instructions)
332900

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.	10/10/2018	DAVID DELVECCHIO
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	259
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)**	20
a(2) Total number of active participants at the end of the plan year	**6a(2)**	8
b Retired or separated participants receiving benefits	**6b**	122
c Other retired or separated participants entitled to future benefits	**6c**	105
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	235
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	23
f Total. Add lines **6d** and **6e**.	**6f**	258
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 1I 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	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PENSION PLAN FOR COLLECTIVE BARGAINING EMP. AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRINITY HIGHWAY PRODUCTS, LLC

D Employer Identification Number (EIN)
42-1642965

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	12565136
b Actuarial value	**2b**	12771610

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	132	6546321	6546321
b For terminated vested participants	107	3019101	3019101
c For active participants	20	667822	667822
d Total	259	10233244	10233244

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.82 %
6 Target normal cost	**6**	60000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/11/2018
Date

DEAN M. CRAWFORD, F.S.A, E.A.
Type or print name of actuary

17-07158
Most recent enrollment number

TOWERS WATSON DELAWARE INC.
Firm name

214-530-4200
Telephone number (including area code)

500 N. AKARD STREET, SUITE 4100
DALLAS, TX 75201-6661
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1883016
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)		1883016
10	Interest on line 9 using prior year's actual return of 8.56 %		161186
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		46386
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.02%		2792
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		49178
	d Portion of (c) to be added to prefunding balance		49178
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2093380

Part III Funding Percentages

14	Funding target attainment percentage	14	104.34%
15	Adjusted funding target attainment percentage	15	124.80%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.59%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2018	50000	0			
07/10/2018	50000	0			
08/27/2018	250000	0			
			Totals ► 18(b)	350000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	320023

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	60000
b Excess assets, if applicable, but not greater than line 31a	**31b**	60000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	320023
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	320023
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PENSION PLAN FOR COLLECTIVE BARGAINING EMP. AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY HIGHWAY PRODUCTS, LLC

D Employer Identification Number (EIN)
42-1642965

Part I Service Provider Information (see instructions)

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)

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: LILLIAN JERSA
b EIN: 53-0181291
c Position: ENROLLED ACTUARY
d Address: 500 N. AKARD STREET, SUITE 4100
DALLAS, TX 75201
e Telephone: 214-530-4200

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PENSION PLAN FOR COLLECTIVE BARGAINING EMP. AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRINITY HIGHWAY PRODUCTS, LLC

D Employer Identification Number (EIN)
42-1642965

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: TRN IND INC MASTER RETIREMENT TRUST

b Name of sponsor of entity listed in (a): TRINITY INDUSTRIES, INC.

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)
75-0225040-100	M	13622897

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PENSION PLAN FOR COLLECTIVE BARGAINING EMP. AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY HIGHWAY PRODUCTS, LLC

D Employer Identification Number (EIN)
42-1642965

Part I Asset and Liability Statement

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		5
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		433
(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)	12515957	13622897
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	12515957	13623335
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12515957	13623335

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)	89864	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		89864
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	272	
	(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)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		272
	(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)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	175	
	(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)		175
	(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)		

		(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)		1881691
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1972002
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	735076	
(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)		735076
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)	52023	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	57387	
(4) Other	2i(4)	20138	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		129548
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		864624
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1107378
l Transfers of assets:			
(1) To this plan	2l(1)		718029
(2) From this plan	2l(2)		718029

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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: HUSELTON, MORGAN & MAULTSBY, P.C. (2) EIN: 75-2409112

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:

		Yes	No	Amount
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.)	4a		X	
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.)	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		75000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4073173. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PENSION PLAN FOR COLLECTIVE BARGAINING EMP. AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY HIGHWAY PRODUCTS, LLC

D Employer Identification Number (EIN)
42-1642965

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3795042 94-1347393

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC - PLAN 001

FINANCIAL STATEMENTS

MODIFIED CASH BASIS

December 31, 2017 and 2016

with

Independent Auditors' Report

PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC PLAN 001

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS – MODIFIED CASH BASIS:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5

Huselton, Morgan & Maultsby
A Professional Corporation

INDEPENDENT AUDITORS' REPORT

Retirement Plan Committee
Pension Plan for Collective Bargaining Employees at
Girard and Brier Hill Plants of
Trinity Highway Products, LLC

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Collective Bargaining Employees at the Girard and Brier Hill Plants of Trinity Highway Products, LLC – Plan 001 (the "Plan"), which comprise the statements of net assets available for benefits – modified cash basis, as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits – modified cash basis, for the years then ended, and the related notes to the financial statements.

Plan Management's Responsibility for the Financial Statements

Trinity Industries, Inc.'s Retirement Plan Committee (the "Retirement Plan Committee") is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. The Retirement Plan Committee is also responsible for 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.

Auditors' 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, the Retirement Plan Committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Wells Fargo Bank, N.A. the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Retirement Plan Committee that the custodian holds the Plan's investment assets and executes investment transactions. The Retirement Plan Committee has obtained a certification from the custodian as of December 31, 2017 and 2016 and for the years then ended, that the information provided to the Retirement Plan Committee by the custodian 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

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

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

Hueselton, Morgan + Maultsby, P.C.

Dallas, Texas
September 26, 2018

PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC - PLAN 001

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MODIFIED CASH BASIS

December 31, 2017 and 2016

ASSETS

	2017	2016
Investments, at fair value:		
Plan interest in Trinity Industries, Inc. Master Trust	$ 13,622,897	$ 12,515,957
Interest bearing cash	433	-
Total investments, at fair value	13,623,330	12,515,957
Other receivables	5	-
Total assets	13,623,335	12,515,957
Net assets available for benefits	$ 13,623,335	$ 12,515,957

See accompanying notes to the financial statements.

PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC - PLAN 001

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

MODIFIED CASH BASIS

For the Years Ended December 31, 2017 and 2016

	2017	2016
Additions to net assets attributed to:		
Investment income:		
Plan interest in Trinity Industries, Inc. Master Trust investment income	$ 1,881,691	$ 1,069,232
Interest	272	-
Net gain on sale of assets	175	-
Total investment income	1,882,138	1,069,232
Employer contributions	89,864	50,000
Total additions	1,972,002	1,119,232
Deductions from net assets attributed to:		
Benefits paid to participants	735,076	618,090
General and administrative expenses	129,548	121,562
Total deductions	864,624	739,652
Net increase	1,107,378	379,580
Net assets available for benefits:		
Beginning of year	12,515,957	12,135,831
Transfers in	718,029	546
Transfers out	(718,029)	-
End of year	$ 13,623,335	$ 12,515,957

See accompanying notes to the financial statements.

PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC

PLAN 001

NOTES TO FINANCIAL STATEMENTS

MODIFIED CASH BASIS

December 31, 2017 and 2016

1. DESCRIPTION OF THE PLAN

The following description of the Pension Plan for Collective Bargaining Employees at the Girard and Brier Hill Plants of Trinity Highway Products, LLC – Plan 001 (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering all employees covered by the collective bargaining agreement between Trinity Highway Products, LLC and the United Steel Workers of America, AFL-CIO (the "Union"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Establishment

The Plan was a participating plan in the Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater Youngstown, Ohio, Metropolitan Area (the "Prior Plan"), which was an aggregate of separate plans sponsored by unrelated employers before being restated as the Pension Plan for Collective Bargaining Employees at the Girard and Brier Hill Plants of Trinity Highway Products, LLC, effective July 1, 2011.

The Plan was frozen by amendment effective June 30, 2011. The amendment allows no further accumulation of credit for service or compensation and deems all benefit calculations to be based on a participant's salary and credit service as of June 30, 2011.

Administration

The Plan is administered by a retirement plan committee (the "Retirement Plan Committee") appointed by the Board of Directors of Trinity Industries, Inc. (the "Company"). The Retirement Plan Committee is generally responsible for administering the Plan, maintaining eligibility records of participants in the Plan, authorizing payment of administrative expenses, processing benefit claims and authorizing payment of benefits.

Eligibility

Prior to February 6, 2011, the effective date, an employee was eligible to become a participant in the Prior Plan on the date on which he became a covered employee pursuant to the Basic Agreement. Effective February 6, 2011, no individual who becomes an employee on or after February 6, 2011, shall be eligible to commence participation in the Prior Plan or the Plan on or after such date.

On and after February 6, 2011, the effective date, each participant in the Prior Plan immediately prior to the effective date continues to be a participant of this Plan as of the effective date as long as he remains covered by the Basic Agreement.

A participant who is not eligible for an immediate or deferred pension under the Plan will cease to be a participant on the later of the date he ceases to be an employee or the first day of a break in service. A participant eligible for an immediate or deferred pension will cease to be a participant upon receiving all the benefits to which he is entitled under the provisions of the Plan. A participant who has terminated employment and is subsequently re-employed will resume participation in the Plan on the date he again becomes a covered employee under the Basic Agreement but shall not accrue continuous service for benefit accrual purposes on and after July 1, 2011.

The Basic Agreement shall not require any age or service requirement for purposes of participation in the Plan.

Vesting

The Plan provides for 100 percent vesting at the end of five years of vesting service.

Benefit Provisions

The Plan provides benefits for normal and early retirement. The normal form of benefit payment for a single participant is a monthly benefit payable for life. The normal form of benefit payment for a married participant is a joint and survivor benefit, in which an employee receives a monthly benefit payment until death, at which time the surviving spouse begins receiving 50 percent of the benefit until death. Other payment options as described in the plan document are available. In addition, the Plan's document provides certain death benefits in the event of the death of an employee prior to retirement.

Funding

The Company contributes to a trust fund, The Trinity Industries, Inc. Master Trust, ("The Master Trust") such amounts deemed necessary based on actuarial computations to provide assets to meet anticipated future benefits to be paid from the Plan to its participants. Participating employees are not required or permitted to make contributions to the Plan. The Plan meets the minimum funding requirements prescribed by ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, and is an acceptable method of reporting under Department of Labor ("DOL") regulations. The modified cash basis of accounting utilizes the cash basis of accounting while carrying investments at fair value and recording investment income on the accrual basis. Consequently, contributions are recognized when received rather than when earned, and expenses are recognized when paid rather than when the obligation is incurred.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the Retirement Plan Committee to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by its investment advisors and the custodian. See Note 8 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded when paid

Expenses

The Plan's expenses are absorbed by the Plan. Pursuant to the plan document, the Plan incurs certain administrative expenses and the Plan's proportionate share of other Master Trust expenses. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Transfers In and Out

A cash account was created in 2017 at Wells Fargo Bank, N.A. to complement each Trinity plan's investment in the Master Trust to more efficiently fund benefit payments and other plan expenses. The transfers in and out as presented in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2017 represent cash moving back and forth between the Plan and the Wells Fargo cash account. All transfers related to these transactions in 2017 are a net zero effect to the Plan.

Transfers In in 2016 relate to investment assets being added to the Plan.

Concentrations

The following table presents investments that represent ten percent or more of total investments in the Master Trust as of December 31, 2017 and 2016:

	2017	2016
JPMCB Long Duration Investment Grade Fund	$ 216,143,574	$ 203,852,317

Reclassifications

Certain reclassifications have been made to the 2016 financial statement presentation to correspond to the current year's format. Total net assets available for benefits are unchanged due to these reclassifications.

Subsequent Events

The Retirement Plan Committee has evaluated subsequent events through September 26, 2018, the date the financial statements were available to be issued, and determined there were no other items to disclose.

3. ACTUARIAL ASSUMPTIONS

The more significant assumptions underlying the actuarial computations made by the consulting actuary, Towers Watson, are as follows. The assumptions for computing pension cost and contributions for the plan years beginning January 1, 2017 and 2016 are the same unless otherwise noted.

Actuarial Methods

Pension costs:
- Service cost & projected benefit obligation : Project unit credit
- Market related value of assets : Equal to the fair value of assets

Contributions:
- Normal cost & actuarial accrued liability : Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
- Actuarial value of assets : 24 month smoothing

Economic assumptions	2017	2016
Interest rates:		
Pension costs:		
Discount rate	4.34%	4.79%
Return on assets	6.25%	6.50%
Contributions:		
PPA segment interest rates:		
Segment 1 (not reflecting corridors	1.52%	1.34%
Segment 1 (reflecting corridors)	4.16%	4.43%
Segment 2 (not reflecting corridors	3.80%	4.03%
Segment 2 (reflecting corridors)	5.72%	5.91%
Segment 3 (not reflecting corridors	4.79%	5.06%
Segment 3 (reflecting corridors)	6.48%	6.65%
Annual rates of increase in salaries:		
Pension cost	4.00%	4.00%
Contributions	N/A	4.50%
Mortality basis:		
Pension cost	RP - 2014 Blue Collar Mortality for Males & Females; Separate Rates for Non-Annuitants & Annuitants	RP - 2014 Blue Collar Adjusted Mortality (Annuitant & Employee)
Contributions	RP-2000 "Employees" Table & RP-2000 "Healthy Annuitants" Table	RP-2000 "Employees" Table & RP-2000 "Healthy Annuitants" Table
Retirement:	Age 62	Age 62

Actuarial present value of accumulated plan benefits as of January 1, 2017 and 2016:

	2017	2016
Vested benefits of participants currently receiving payments	$ 7,291,242	$ 6,551,514
Other participants	4,535,300	5,201,743
Total	$ 11,826,542	$ 11,753,257

The change in the actuarial present value of accumulated plan benefits from January 1, 2016, to January 1, 2017, is as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2016	$ 11,753,257
Increase (decrease) during the year attributable to:	
Benefits accumulated	-
Actuarial (gains)/losses	(99,497)
Increase for interest due to the decrease in the discount period	548,351
Benefits paid	(618,090)
Change in actuarial assumptions	242,521
Net change	73,285
Actuarial present value of accumulated plan benefits as of January 1, 2017	$ 11,826,542

4. INVESTMENT IN MASTER TRUST

The Master Trust invests the Plan's investment assets in short-term investments consisting of equity and other exchange-traded instruments, fixed income instruments and money market funds. The Master Trust maintains these investments for all of the Company's pension plans and each plan has an undivided interest in trust investments. Ownership of plan assets is represented as proportionate dollar units of participation which is determined each quarter by the custodian based upon initial plan participation and adjusted for plan contributions, plan benefit payments and plan administrative expenses.

5. INFOMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Retirement Plan Committee has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The custodian has certified that the following data included in the accompanying financial statements is complete and accurate as of December 31, 2017 and 2016.

	2017	2016
Total plan interest in the Trinity Industries, Inc. Master Trust:		
Estimated cost	$ 10,581,564	$ 10,908,887
Market value	$ 13,622,897	$ 12,515,957
Interest bearing cash	$ 433	$ -
Other receivables	$ 5	$ -
Investment income allocated from Trinity Industries, Inc. Master Trust	$ 1,881,691	$ 1,069,232
Interest	$ 272	$ -
Net gain on sale of assets	$ 175	$ -

The net investment gain for the Master Trust for the years ended December 31, 2017 and 2016, as certified by the custodian, was derived from and composed of the following:

	2017	2016
Interest and dividend income	$ 33,750	$ 5,986
Net realized gain on the sale of investments	14,968,049	112,605,119
Net unrealized appreciation (depreciation) in fair value of investments	51,850,212	(75,131,387)
Total investment gain	$ 66,852,011	$ 37,479,718
Net investment gain allocated to the Plan	$ 1,881,691	$ 1,069,232

The following investments, as certified by the custodian, were held by the Master Trust as of December 31, 2017:

	Cost	Market
JPMCB Long Duration Investment Grade Fund	$ 184,511,024	$ 216,143,574
JPMCB US Research Enhanced Index	22,062,682	35,447,932
JPMCB Corporate High Yield Fund	20,834,769	26,170,040
JPMCB High Yield Fund	18,769,566	23,890,554
JPMCB International Opportunities Fund	14,286,346	17,980,025
JPMCB Emerging Markets Fixed Income Fund	12,635,638	14,543,300
JPMCB International Equity Fund	12,168,983	16,345,544
JPMCB Emerging Markets Local Currency DE	11,672,748	12,050,743
JMPCB Intrepid International Fund	9,890,806	13,720,096
JPMCB Emerging Mkt Equity Fund	9,780,947	13,681,176
JMPCB US Real Estate Securities Fund	9,697,047	12,145,955
JPMCB Value Advantage Fund	8,981,419	19,245,009
JPMCB US Strategic Small Company Equity Fund	8,494,101	12,775,947
JPMCB Emerging Markets Equity Focused Fund	8,225,823	10,840,020
JPMCB US Analyst Fund	8,151,203	16,819,825
JPMCB Growth Advantage Fund	8,017,954	18,918,719
Wells Fargo Government	6,738,108	6,738,108
Total investments of the Master Trust	$ 374,919,164	$ 487,456,567
Interest of the Plan in the Master Trust	$ 10,581,564	$ 13,622,897

The allocated cost share of the investments of the Plan in the Master Trust as of December 31, 2017 is 2.85659 percent.

The following investments, as certified by the custodian, were held by the Master Trust as of December 31, 2016:

	Cost	Market
JPMCB Long Duration Investment Grade Fund	$ 192,652,009	$ 203,852,317
JPMCB US Research Enhanced Index	17,781,132	26,202,986
JPMCB Corporate High Yield Fund	24,084,138	28,541,687
JPMCB High Yield Fund	22,793,349	27,005,863
JPMCB Growth Advantage Fund	10,074,559	17,368,263
JPMCB Value Advantage Fund	9,273,979	17,262,109
JPMCB US Analyst Fund	8,947,872	15,571,942
JPMCB Emerging Markets Fixed Income Fund	16,456,499	17,329,032
JPMCB US Strategic Small Company Equity Fund	14,651,154	19,577,293
JMPCB Intrepid International Fund	8,275,515	9,547,174
JPMCB International Equity Fund	10,385,300	11,177,773
JPMCB International Opportunities Fund	12,211,810	12,986,569
JMPCB US Real Estate Securities Fund	9,045,992	10,937,012
JPMCB Emerging Markets Local Currency DE	515,397	451,506
JPMCB Emerging Mkt Equity Fund	10,028,940	10,122,495
JPMCB Emerging Markets Equity Focused Fund	8,729,913	8,660,730
Wells Fargo Government	5,977,469	5,977,468
Total investments of the Master Trust	$ 381,885,027	$ 442,572,219
Interest of the Plan in the Master Trust	$ 10,908,887	$ 12,515,957

The allocated cost share of the investments of the Plan in the Master Trust as of December 31, 2016 is 2.85659 percent.

6. NET INVESTMENT GAIN ALLOCATED FROM THE MASTER TRUST

The net investment gain allocated to the Plan is composed of the following:

	2017	2016
Interest and dividend income	$ 283	$ 129
Net realized gain on the sale of investments	446,705	3,191,060
Net unrealized appreciation (depreciation) in fair value of investments	1,434,703	(2,121,957)
Net investment gain allocated to the Plan	$ 1,881,691	$ 1,069,232

7. ASSETS HELD FOR INVESTMENT

The assets held for investment consist of investments in the Master Trust (a party in interest). The estimated cost, market value and units of participation as of December 31, 2017 are as follows:

Estimated cost	$10,581,564
Market value	$13,622,897
Units	13,622,897

8. 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 l) 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 observable inputs and minimize the use of unobservable inputs.

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

Equity and other exchange-traded instruments: Valued at the last sale price of official market closing price, as applicable, on the primary exchange on which the instrument is traded. Instruments traded on more than one exchange are valued at the last sale price on the primary exchange and, if there has been no sale on such primary exchange, then at the last sale price on the secondary exchange on which trading has occurred. If there has been no sale on the primary exchange or the secondary exchange on which the instrument is traded on the date of valuation, the instruments are valued at the mean of the bid and ask quotations as of the closing of the primary exchange.

Fixed income instruments: Valued at prices supplied by third party pricing vendors and brokers which are based on bid-side quotations unless the amortized cost method is applicable.

Money market funds: Valued daily based off of the amortized cost method of accounting to arrive at the net asset value ("NAV"). Amortized cost is the book price of the security as adjusted over time to reflect any discount or premium. These funds are required to transact at the NAV.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investment assets as of fair value as of December 31, 2017 and 2016.

	Investments at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Equity and other exchange-traded instruments	$ -	$ 187,920,248	$ -	$ 187,920,248
Fixed income instruments	-	292,798,211	-	292,798,211
Money market funds	-	6,738,108	-	6,738,108
Total	$ -	$ 487,456,567	$ -	$ 487,456,567

	Investments at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Equity and other exchange-traded instruments	$ -	$ 159,414,346	$ -	$ 159,414,346
Fixed income instruments	-	277,180,405	-	277,180,405
Money market funds	-	5,977,468	-	5,977,468
Total	$ -	$ 442,572,219	$ -	$ 442,572,219

9. RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are held by Wells Fargo Bank, N.A. Wells Fargo is the custodian as defined by the plan document and, therefore, these transactions qualify as party in interest transactions, which are exempt from prohibited transaction rules. Fees incurred by the Plan for the investment management and trustee services are included in both net investment gain from Master Trust investment accounts and general and administrative expenses.

Towers Watson is the Plan actuary and, therefore, these transactions qualify as party in interest transactions, which are exempt from prohibited transaction rules. Fees incurred by the Plan for actuarial valuation services are included in both net investment gain from Master Trust investment accounts and general and administrative expenses.

The Plan is subject to an annual audit in order to remain in compliance with ERISA regulations. Huselton, Morgan & Maultsby, P.C. is the auditor of the Plan and, therefore, these transactions qualify as party in interest transactions, which are exempt from prohibited transaction rules. Fees incurred by the Plan for the audit are included in general and administrative expenses.

10. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated February 21, 2012, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). Although the Plan has been amended since receiving the determination letter, the Retirement Plan Committee believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

The modified cash basis of accounting requires the Retirement Plan Committee to evaluate tax positions taken by the Plan, disclose within the footnotes to the financials any potential impact to the Plan, and recognize a tax liability at the Company level if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing jurisdictions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

11. 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. If terminated, net assets of the Plan would be distributed to participants and beneficiaries as prescribed by the terms of the Plan in accordance with ERISA and its related regulations. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided at all. In the case of termination, if assets of the Plan are sufficient to provide all accumulated plan benefits, then net assets in excess of accumulated plan benefits would be returned to the Company.

12. 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 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 change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits – modified cash basis.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

13. REPORTABLE TRANSACTIONS

A schedule of reportable transactions has not been presented because there are no reportable transactions which require presentation under ERISA Section 2520.103-6.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions – Highway Products (Girard, Brier Hill)

The plan was restated effective March 1, 2016. The most recent amendment reflected in the following plan provisions was effective March 1, 2016.

Covered employees — All employees of participating companies who are included in the bargaining unit of the Girard and Brier Hill Plans of Trinity Highway Products, LLC. All new employees hired after February 6, 2011 are not covered by the plan.

Participation date — Employees enter the plan on the first of the month coincident with or next following the date they attain age 21 and completed one year of service.

Freeze date — June 30, 2011

Definitions

Continuous service — The period of elapsed time from date of hire to date of severance in years and completed months excluding any period of break in service. As of the plan freeze date, benefit service is frozen for all plan participants.

Normal retirement date (NRD) — First of month coinciding with or next following the attainment of age 62 and completion of 5 years of service.

Monthly pension benefit — The number of years of corresponding continuous service earned times monthly pension benefit factor:

Effective Date	Monthly Pension Benefit Factor
Prior to 9/21/1992	17.00
9/22/1992 – 2/9/2004	20.00
2/10/2004 – 12/2/2005	24.00
12/3/2005 – 6/30/2011	26.00

Monthly preretirement death benefit	50% of the accrued benefit that would have been paid to the participant: (1) from the first of the month following death if eligible for early retirement at death, assuming the participant had retired and commenced payments on the first of the month of death under the 50% joint and survivor option with his spouse as the survivor; (2) from the earliest retirement age if not eligible for early retirement at death, assuming termination on the day of death, survived to the earliest retirement age, retired and commenced payments under the 50% joint and survivor option with the spouse as the survivor, and died the day after retirement.
Actuarial equivalence	7% RP-2000 Mortality Table for males, RP-2000 Mortality Table for females for beneficiaries.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retire before NRD Date and after meeting one of the following eligibilities: (1) completion of 30 or more years of continuous service, (2) completion of 15 or more years of continuous service and attainment of age 60,
Postponed retirement	Retirement after NRD
Vested termination	Terminate for reasons other than death or retirement after completing 5 years of continuous service.
Disability	Completion of 15 years of continuous service if permanently and totally disabled for at least six months.
Preretirement death benefit	Die while employed and while otherwise eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse. Benefits at retirement are reduced for death coverage.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Accrued benefit determined as of NRD.

Early retirement

Accrued benefit determined as of early retirement date, reduced based on the following table of factors:

	Completed Months					
Age	0	1	2	3	4	5
48	29.46%	29.67%	29.88%	30.08%	30.29%	30.50%
49	31.95%	32.18%	32.40%	32.63%	32.86%	33.08%
50	34.67%	34.92%	35.17%	35.42%	35.67%	35.92%
51	37.67%	37.95%	38.22%	38.50%	38.77%	39.05%
52	40.97%	41.27%	41.58%	41.88%	42.18%	42.48%
53	44.60%	44.93%	45.27%	45.60%	45.93%	46.27%
54	48.60%	48.97%	49.34%	49.71%	50.08%	50.45%
55	53.03%	53.44%	53.85%	54.26%	54.67%	55.08%
56	57.94%	58.40%	58.85%	59.31%	59.76%	60.22%
57	63.40%	63.91%	64.41%	64.92%	65.42%	65.93%
58	69.47%	70.03%	70.60%	71.16%	71.73%	72.29%
59	76.24%	76.87%	77.50%	78.14%	78.77%	79.40%
60	83.82%	84.46%	85.09%	85.73%	86.36%	87.00%
61	91.45%	92.16%	92.87%	93.59%	94.30%	95.01%

	Completed Months					
Age	6	7	8	9	10	11
48	30.71%	30.91%	31.12%	31.33%	31.54%	31.74%
49	33.31%	33.54%	33.76%	33.99%	34.22%	34.44%
50	36.17%	36.42%	36.67%	36.92%	37.17%	37.42%
51	39.32%	39.60%	39.87%	40.15%	40.42%	40.70%
52	42.79%	43.09%	43.39%	43.69%	44.00%	44.30%
53	46.60%	46.93%	47.27%	47.60%	47.93%	48.27%
54	50.82%	51.18%	51.55%	51.92%	52.29%	52.66%
55	55.49%	55.89%	56.30%	56.71%	57.12%	57.53%

56	60.67%	61.13%	61.58%	62.04%	62.49%	62.95%
57	66.44%	66.94%	67.45%	67.95%	68.46%	68.96%
58	72.86%	73.42%	73.98%	74.55%	75.11%	75.68%
59	80.03%	80.66%	81.29%	81.93%	82.56%	83.19%
60	87.64%	88.27%	88.91%	89.54%	90.18%	90.81%
61	95.72%	96.44%	97.15%	97.86%	98.57%	99.28%

Postponed retirement Accrued benefit determined as of actual retirement date.

Vested termination Monthly pension benefit accrued to date of severance payable at NRD. Payments may begin early after satisfaction of early retirement eligibilities.

Disablement Accrued benefit, payable at disability.

Preretirement death Monthly preretirement spouse benefit.

Other Plan Provisions

Forms of payment

Married participants: Qualified 50% Joint and Survivor Annuity

Single participants: Life Annuity.

Other forms of payment are available under the plan upon written request to the Pension Committee. Spousal consent is required for married participants to elect out of the Qualified 50% Joint and Survivor Annuity. All optional forms of benefit are actuarially equivalent to the Life Annuity form. Other optional forms of payment include a life annuity, joint and 50% survivor annuity, joint and 75% survivor annuity, joint and 100% survivor annuity, 5-year certain and life annuity, 10-year certain and life annuity, and 15-year certain and life annuity.

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

WELLS FARGO

FD491 PAGE 14
SCHEDULE H (FORM 5500 - 4I-1) HIGHWAY PRODUCTS (GIRARD BRIER HILL) 26023255
SCHEDULE OF ASSETS HELD FOR PENSION PLAN FOR COLLECTIVE
INVESTMENT PURPOSES AT END OF YEAR AS OF DECEMBER 31,2017

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
GENERAL INVESTMENTS			
INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)			
VP4560000 WELLS FARGO GOVERNMENT	MONEY MARKET FUND 432.650	433	433
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)		433	433
VALUE OF INTEREST IN MASTER TRUSTS INVESTMENT ACCOUNTS			
996998241 TRINITY INDUSTRIES UNITIZED FUND	1,220,282.990	10,581,125	13,622,897
TOTAL VALUE OF INTEREST IN MASTER TRUSTS INVESTMENT ACCOUNTS		10,581,125	13,622,897
TOTAL GENERAL INVESTMENTS		10,581,558	13,623,330

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2017

Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	1	0	0	0	0	0	0	0	1
40-44	0	0	2	0	0	0	0	0	0	0	2
45-49	0	0	2	0	1	0	0	0	0	0	3
50-54	0	0	1	0	0	0	2	0	0	0	3
55-59	0	0	1	0	0	1	0	0	1	1	4
60-64	0	0	1	0	0	0	1	1	0	4	7
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	8	0	1	1	3	1	1	5	20

Census data as of January 1, 2017

Plan Name:	Pension Plan for Collective Bargaining Employees at the Girard and Brier Hill Plants of Trinity Highway Products, LLC
EIN / PN:	42-1642965 / 001
Plan Sponsor:	Trinity Highway Products, LLC
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

▪ Applicable month	September	
▪ Yield curve basis	Segment Rates	
Interest rates:	Reflecting Corridors	Not Reflecting Corridors
▪ First segment rate	4.16%	1.52%
▪ Second segment rate	5.72%	3.80%
▪ Third segment rate	6.48%	4.79%
▪ Effective interest rate	5.82%	4.00%

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

Separate rates for non-annuitants based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2032 using Scale AA and annuitants based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2024 using Scale AA.

- Disabled

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination

Rates varying by age and gender

The rates (per 1,000) at which participants terminate are shown below:

Representative Termination Rates

	Percentage leaving during the year	
Attained Age	**Males**	**Females**
25	22	22
30	20	20
35	17	17
40	14	14
45	10	10
50	10	10
55	9	9
65	12	12

SCHEDULE SB ATTACHMENTS

Disability

Class (1) Intercompany Disability Investigation

The sample rates (per 1,000) at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	**Male**	**Female**
25	1.7	3.4
40	2.0	4.0
55	3.9	7.8

(Not applicable for salaried employees)

Retirement

Retirement is assumed to occur after the completion of 5 years of service based on the following rates (per 1,000):

Age	Percentage retiring during the year
55	10
56	10
57	10
58	10
59	10
60	10
61	10
62	15
63	15
64	40
65	100

SCHEDULE SB ATTACHMENTS

Benefit commencement date:	
▪ Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained early retirement age.
▪ Deferred vested benefit	The later of normal retirement age or termination of employment.
▪ Disability benefit	Upon disablement.
▪ Retirement benefit	Upon termination of employment.
Form of payment	35% elect Life Annuity option (married) 15% elect 10 Years Certain and Life option (married) 50% elect Joint and 50% Survivor option (married) 100% elect Life Annuity option (single)
Percent married	80%
Spouse age	Wife three years younger than husband.
Administrative expenses	Prior year administrative expenses adjusted for PBGC premiums, rounded to the nearest $10,000.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the life annuity form of payment.
Cash flow:	
▪ Amount and timing of contributions	Contributions are made on the last day required to meet quarterly and minimum funding requirements.
▪ Timing of benefit payments	Annuity payments are payable monthly and lump sum payments are payable on the date of decrement.
Funding policy	The plan sponsor's funding policy is to contribute at least the minimum amount required under ERISA, as determined without regard to interest rate stabilization. The plan sponsor may deviate from this policy based on cash, tax or other considerations.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.50% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with the Company and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Data Sources

The Company, through its third party administrator, furnished participant data as of January 1, 2017. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available.

If beneficiary date of birth was not provided, a 3 year age difference from the participant was used.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative expenses	Administrative expenses are estimated by determining the actual expenses paid from the trust the preceding year and adjusting for PBGC premiums, rounded to the nearest $10,000.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Demographic Assumptions

Healthy and Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Disability	Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.
Retirement	Retirement rates were based on an experience study conducted in 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for deferred benefits:	
▪ Preretirement death benefit	Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
▪ Deferred vested benefit	Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.
Form of payment	Form of payment elections are based on an experience study conducted in 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Percent married	The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.
Spouse age	Spouse age assumption is based on an experience study conducted in 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A.1, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430. The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430. The assumed plan-related expenses added to the target normal costs were updated from $47,740 for the 2016 plan year to $60,000 for the 2017 plan year.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Trinity Highway Products, LLC
EIN / PN	42-1642965 / 001
Plan Name	Pension Plan For Collective Bargaining Employees at the Girard and Brier Hill Plants of Trinity Highway Products, LLC
Valuation Date	January 1, 2017
Enrolled Actuary	Dean Crawford
Enrollment Number	17-07158

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2017

The average retirement age for Line 22 was calculated using a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

(A)	(B)	(C)	(D)	(E)	(F)
Age	Retirement Rate	Probability of Retirement	Hypothetical Number of Employees	Number Retiring	(A)*(E)
55	10.00%	10.00%	100,000	10,000	550,000
56	10.00%	9.00%	90,000	9,000	504,000
57	10.00%	8.10%	81,000	8,100	461,700
58	10.00%	7.29%	72,900	7,290	422,820
59	10.00%	6.56%	65,610	6,561	387,099
60	10.00%	5.90%	59,049	5,905	354,294
61	10.00%	5.31%	53,144	5,314	324,179
62	15.00%	7.17%	47,830	7,174	444,816
63	15.00%	6.10%	40,655	6,098	384,192
64	40.00%	13.82%	34,557	13,823	884,658
65	100.00%	20.73%	20,734	20,734	1,347,721
Total		100.00%		100,000	6,065,479

Weighted Retirement Age	60.65
Rounded for Schedule SB item 22	61

Plan Name:	Pension Plan for Collective Bargaining Employees at the Girard and Brier Hill Plants of Trinity Highway Products, LLC
EIN / PN:	42-1642965 / 001
Plan Sponsor:	Trinity Highway Products, LLC
Valuation Date	January 1, 2017

ELECTRONIC FILING AUTHORIZATION
FOR
ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN
(FORM 5500)

I DECLARE THAT I AM THE PLAN ADMINISTRATOR/PLAN SPONSOR AND THAT I HAVE EXAMINED AND APPROVED A COPY OF THE ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN FOR THE PLAN LISTED BELOW, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE.

I CONSENT TO ALLOW HUSELTON, MORGAN & MAULTSBY, PC TO ELECTRONICALLY SIGN AND ELECTRONICALLY TRANSMIT ON OUR BEHALF THE ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN FORM 5500 LISTED BELOW TO THE DEPARTMENT OF LABOR AND TO RECEIVE FROM THE DOL (a) ACKNOWLEDGEMENT OF RECEIPT OR REASON FOR REJECTIONS OF THE TRANSMISSION AND (b) THE REASON FOR ANY DELAY IN PROCESSING THE REPORTS. I ALSO UNDERSTAND THAT AN IMAGE OF MY MANUAL SIGNATURE AS PLAN ADMINISTRATOR/PLAN SPONSOR WILL BE INCLUDED WITH THE REST OF THE RETURN/REPORT POSTED BY THE DEPARTMENT OF LABOR ON THE INTERNET FOR PUBLIC DISCLOSURE.

ENTITY NAME	ID NUMBER
TRINITY GIRARD AND BRIER HILL PENSION PLAN #001	340668935 CCH / 42-1642965

PLAN ADMINISTRATOR/PLAN SPONSOR

10/10/18
DATE

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210 - 0110
1210 - 0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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 instr.)

☒ 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
PENSION PLAN FOR COLLECTIVE BARGAINING EMP. AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1963

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)
TRINITY HIGHWAY PRODUCTS, LLC

2525 AKARD ST

DALLAS TX 75207-2400

2b Employer Identification Number (EIN) 42-1642965

2c Plan Sponsor's telephone number 214-589-8321

2d Business code (see instructions) 332900

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	[signature]	10/10/18	DAVID DELVECCHIO
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	259
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)**	20
a (2)	Total number of active participants at the end of the plan year	**6a(2)**	8
b	Retired or separated participants receiving benefits	**6b**	122
c	Other retired or separated participants entitled to future benefits	**6c**	105
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	235
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	23
f	Total. Add lines **6d** and **6e**	**6f**	258
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I 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)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PENSION PLAN FOR COLLECTIVE BARGAINING EMP. AT THE GIRARD AND BRIER HILL PLANTS OF TRINITY HIGHWAY PRODUCTS, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRINITY HIGHWAY PRODUCTS, LLC

D Employer Identification Number (EIN)
42-1642965

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	12,565,136
b Actuarial value	**2b**	12,771,610

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	132	6,546,321	6,546,321
b For terminated vested participants	107	3,019,101	3,019,101
c For active participants	20	667,822	667,822
d Total	259	10,233,244	10,233,244

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.82%
6 Target normal cost	**6**	60,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Dean M. Crawford, F.S.A., E.A. DMC
Signature of actuary

09/11/2018
Date

Dean M. Crawford, F.S.A., E.A.
Type or print name of actuary

1707158
Most recent enrollment number

Towers Watson Delaware Inc.
Firm name

214-530-4200
Telephone number (including area code)

500 North Akard Street, Suite 4100
Dallas TX 75201
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,883,016
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1,883,016
10	Interest on line 9 using prior year's actual return of 8.56%	0	161,186
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		46,386
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.02%		2,792
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		49,178
	d Portion of (c) to be added to prefunding balance		49,178
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,093,380

Part III Funding Percentages

14	Funding target attainment percentage	14	104.34%
15	Adjusted funding target attainment percentage	15	124.80%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.59%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2018	50,000	0			
07/10/2018	50,000	0			
08/27/2018	250,000	0			
		Totals ► 18(b)	350,000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	320,023

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16 %	5.72 %	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	60,000
b Excess assets, if applicable, but not greater than line 31a	31b	60,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	320,023
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	320,023
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	0
43 Excess installment acceleration amount to be carried over to future plan years	43	0