

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRION SOLUTIONS, INC.</u> <u>888 W. BIG BEAVER RD., SUITE 1000</u> <u>TROY, MI 48084</u>	1c Effective date of plan <u>01/01/2013</u>	2b Employer Identification Number (EIN) <u>46-1334892</u>	2c Plan Sponsor's telephone number <u>248-498-8400</u>
		2d Business code (see instructions) <u>812990</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/25/2020	DAVID STONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 12006
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 11876 6a(2) 11876 6b 0 6c 130 6d 12006 6e 0 6f 12006 6g 818 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 3D 2F 2G 2A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892	

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

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	442-80146	545	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid 3585	(b) Total amount of fees paid 0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
L.M. KOHN & COMPANY	10151 CARVER ROAD SUITE 100 CINCINNATI, OH 45242

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2199	0 N/A		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
CONCORDE INVESTMENT SERVICES	1120 E. LONG LAKE RD. STE 2017 TROY, MI 48085

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1386	0 N/A		7

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 816567**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 576523**c** Additions: (1) Contributions deposited during the year **7c(1)** 172257
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 11308
(4) Transferred from separate account **7c(4)** 62094
(5) Other (specify below) **7c(5)** 6890

▶ LOAN REPAYMENT - PRINCIPAL ; TRANSFER

(6) Total additions **7c(6)** 252549**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 829072**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2575
(2) Administration charge made by carrier **7e(2)** 562
(3) Transferred to separate account **7e(3)** 8311
(4) Other (specify below) **7e(4)** 1057

▶ FORFEITURE AND LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 12505**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 816567

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

NATIONWIDE LIFE INSURANCE COMPANY

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4056830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	211641	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

L.M. KOHN & COMPANY

10151 CARVER ROAD
SUITE 100
CINCINNATI, OH 45242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	72378	Yes ☐ No ☒

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

CONCORDE INS AGENCY INC

1120 E LONG LAKE RD
STE 207
TROY, MI 48085

(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?
22	BROKER	0	Yes ☒ No ☐	Yes ☒ No ☐	39700	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)

THE BENEFIT ADVANTAGE, INC.

3497 AUBURN ROAD
AUBURN HILLS, MI 48326

38-3254950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	TPA	17822	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TD AMERITRADE

4211 S. 102ND ST.
OMAHA, NE 68127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1480	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892	

Part I 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)	104494	431087
(2) Participant contributions	1b(2)	122842	152185
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	371442	552996
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	18591425	19171856
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	576522	816567
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	19766725	21124691

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	33920
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	33920

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19766725	21090771
---	-----------	----------	----------

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)	1474031	
(B) Participants	2a(1)(B)	2354626	
(C) Others (including rollovers)	2a(1)(C)	146928	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3975585
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	23057	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23057
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1398557
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2600085

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1176761	
(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)		1176761
f Corrective distributions (see instructions)	2f		36516
g Certain deemed distributions of participant loans (see instructions)	2g		22656
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	230943	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		230943
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1466876

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1133209
l Transfers of assets:			
(1) To this plan.....	2l(1)		228299
(2) From this plan.....	2l(2)		37462

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: FENNER, MELSTROM, & DOOLING, PLC

(2) EIN: 38-1402622

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)
ATLAS HOME IMPROVEMENT 401(K) PLAN	46-3169441	001

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

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 2018 This Form is Open to Public Inspection.
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.		D Employer Identification Number (EIN) 46-1334892
Part I	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 0
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): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2018 v. 171027		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

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

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**
Years Ended December 31, 2018 and 2017

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

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Trion Solutions, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Financial Services, Inc. ("Nationwide"), the investment custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the investment custodian holds the Plan's investment assets and notes receivable from participants and executes investment transactions. The plan administrator has obtained a certification from the investment custodian as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the investment custodian is complete and accurate.

Disclaimer of Opinion

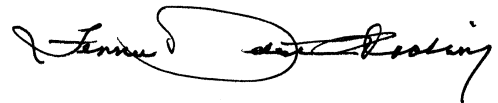
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions as of or for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the investment 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

FENNER, MELSTROM & DOOLING, PLC

FEBRUARY 12, 2020

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2018 and 2017

	<u>2 0 1 8</u>	<u>2 0 1 7</u>
ASSETS		
INVESTMENTS AT FAIR VALUE	\$19,171,856	\$18,591,425
INVESTMENTS AT CONTRACT VALUE.....	<u>816,567</u>	<u>576,522</u>
TOTAL INVESTMENTS.....	<u>19,988,423</u>	<u>19,167,947</u>
RECEIVABLES		
PARTICIPANT CONTRIBUTIONS	152,185	122,842
EMPLOYER CONTRIBUTIONS.....	431,087	104,494
NOTES RECEIVABLE FROM PARTICIPANTS	<u>552,996</u>	<u>371,442</u>
TOTAL RECEIVABLES	<u>1,136,268</u>	<u>598,778</u>
TOTAL ASSETS	<u>21,124,691</u>	<u>19,766,725</u>
LIABILITIES		
CORRECTIVE CONTRIBUTIONS PAYABLE	<u>33,920</u>	<u>-</u>
TOTAL LIABILITIES	<u>33,920</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS.....	<u>\$21,090,771</u>	<u>\$19,766,725</u>

SEE ACCOMPANYING NOTES

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

STATEMENTS OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2018 and 2017

	<u>2 0 1 8</u>	<u>2 0 1 7</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
INVESTMENT INCOME (LOSS)		
NET APPRECIATION/(DEPRECIATION)		
IN FAIR VALUE OF INVESTMENTS	\$(1,409,149)	\$ 2,547,177
INTEREST	<u>10,592</u>	<u>8,719</u>
TOTAL INVESTMENT INCOME (LOSS)	<u>(1,398,557)</u>	<u>2,555,896</u>
INTEREST INCOME ON NOTES		
RECEIVABLE FROM PARTICIPANTS	<u>23,057</u>	<u>13,829</u>
CONTRIBUTIONS		
PARTICIPANTS	2,354,626	2,083,043
EMPLOYER	1,474,031	759,126
ROLLOVER AND OTHER	<u>146,928</u>	<u>47,729</u>
TOTAL CONTRIBUTIONS	<u>3,975,585</u>	<u>2,889,898</u>
TOTAL ADDITIONS	<u>2,600,085</u>	<u>5,459,623</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
BENEFITS PAID TO PARTICIPANTS	1,176,761	1,284,965
ADMINISTRATION EXPENSES	230,943	189,802
CORRECTIVE DISTRIBUTIONS	36,516	2,365
DEEMED DISTRIBUTIONS	<u>22,656</u>	<u>50,166</u>
TOTAL DEDUCTIONS	<u>1,466,876</u>	<u>1,527,298</u>
NET INCREASE	1,133,209	3,932,325
TRANSFER OF ASSETS TO PLAN	228,299	2,608,596
TRANSFER OF ASSETS FROM PLAN	(37,462)	(2,217,770)
NET ASSETS AVAILABLE		
FOR BENEFITS, BEGINNING OF YEAR	<u>19,766,725</u>	<u>15,443,574</u>
NET ASSETS AVAILABLE		
FOR BENEFITS, END OF YEAR	<u>\$21,090,771</u>	<u>\$19,766,725</u>

SEE ACCOMPANYING NOTES

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

1. DESCRIPTION OF PLAN

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

GENERAL

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

PARTICIPANT CONTRIBUTIONS

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

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

1. DESCRIPTION OF PLAN (continued)

PARTICIPATING COMPANY CONTRIBUTIONS

Aggregate Participating Company contributions (which vary by Participating Company as previously described) of \$1,474,031 and \$759,126 were made for the years ended December 31, 2018 and 2017, respectively. Participants direct the investment of such contributions as described above. Contributions are subject to certain limitations.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and Company safe harbor matching contributions, as well as allocations of the Company's additional matching and profit sharing contributions and Plan earnings. Participant accounts are charged with an allocation of any administrative expenses paid by the plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

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

NOTES RECEIVABLE FROM PARTICIPANTS

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

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

1. DESCRIPTION OF PLAN (continued)

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also permits withdrawals of active participants' elective contributions only in amounts necessary to satisfy financial hardship as defined by the plan agreement.

FORFEITED ACCOUNTS

At December 31, 2018 and 2017, forfeited nonvested accounts totaled \$15,078 and \$10,951, respectively. Forfeited nonvested accounts are used to reduce administrative expenses. Any remaining forfeited nonvested accounts can be used to reduce employer contributions or be allocated to participants in accordance with the provisions of the Plan.

RISKS AND UNCERTAINTIES

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

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

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

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

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

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

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded at December 31, 2018 and 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

CORRECTIVE CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the provisions of the Plan are recorded as a liability with a corresponding reduction to participant contributions.

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

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

PAYMENT OF BENEFITS

Benefits are recorded when paid.

EXPENSES

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

DATE OF MANAGEMENT'S REVIEW

The Plan has evaluated subsequent events through February 12, 2020, the date the financial statements were available to be issued.

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

3. FAIR VALUE MEASUREMENTS

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

3. FAIR VALUE MEASUREMENTS (continued)

MUTUAL FUNDS

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

BROKERAGE ACCOUNTS

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018:

	<u>LEVEL 1</u>	<u>TOTAL FAIR VALUE</u>
MUTUAL FUNDS.....	\$19,005,221	\$19,005,221
BROKERAGE ACCOUNTS	<u>166,635</u>	<u>166,635</u>
 TOTAL INVESTMENTS AT FAIR VALUE	 <u><u>\$19,171,856</u></u>	 <u><u>\$19,171,856</u></u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017:

	<u>LEVEL 1</u>	<u>TOTAL FAIR VALUE</u>
MUTUAL FUNDS.....	\$18,522,222	\$18,522,222
BROKERAGE ACCOUNTS	<u>69,203</u>	<u>69,203</u>
 TOTAL INVESTMENTS AT FAIR VALUE	 <u><u>\$18,591,425</u></u>	 <u><u>\$18,591,425</u></u>

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

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

The investment and notes receivable from participants information included in the accompanying financial statements and supplementary schedule was obtained from data that has been prepared and certified to as complete and accurate by Nationwide in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**5. INVESTMENT CONTRACT WITH INSURANCE
COMPANY**

The Plan has an investment option in a fully benefit-responsive traditional guaranteed investment contract with Nationwide. Nationwide maintains the contributions in a general account which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for the fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The crediting rate was 1.85% during the first two quarters of 2017 and 1.75% from the third quarter of 2017 through the end of 2018.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

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

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

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

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide. Nationwide is the investment custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Direct fees paid by the Plan for recordkeeping and administrative services amounted to \$211,641 and \$175,011 for 2018 and 2017, respectively. In addition, fees paid by the Plan for investment management services are included in net appreciation/(depreciation) in fair value of investments.

Processing and administration fees were paid to The Benefit Advantage, Inc. (TBA). TBA is the third-party administrator and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for these services amounted to \$17,822 and \$14,791 for the years ended December 31, 2018 and 2017, respectively.

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

6. PARTY-IN-INTEREST TRANSACTIONS (continued)

Additional recordkeeping services for the self-directed brokerage accounts were provided to the Plan by TD Ameritrade and qualify as party-in-interest. Fees paid by the Plan for services amounted to \$1,480 for the year ended December 31, 2018.

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

7. PLAN TERMINATION

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

8. TAX STATUS

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

9. PROHIBITED TRANSACTIONS

During 2018, the Company erroneously failed to remit certain participant contributions in a timely manner. The Company computed the lost earning on these 2018 deposits and subsequently remitted the deposits and made a contribution for lost earnings to the Plan.

SUPPLEMENTARY INFORMATION

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i))
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
MUTUAL FUNDS				
	Aberdeen	Global Equity	*	\$ 4,722
	American Century	Short Duration Inflation Protection Bond Fund	*	4,577
	JP Morgan	Core Plus Bond Fund	*	18,659
	JP Morgan	Small Cap Value	*	2,072
	Ave Maria	Growth Fund	*	7,440
	MFS	Value Fund R4	*	864
	American Beacon	International Equity Institutional	*	230,674
	Oakmark	Fund Investor Class	*	1,087
	Prudential	Global Real Estate Fund	*	7,357
	T. Rowe Price	Media and Telecommunications Fund	*	44,618
	Fidelity	New Insights	*	20,685
	Franklin	Small Cap Value ADV	*	13,431
	Lord Abbett	High Yield Fund	*	192,327
	Lord Abbett	Total Return Fund	*	145,954
	Oakmark	Equity and Income Fund	*	577
	T. Rowe Price	Blue Chip Growth Fund	*	54,182
	William Blair	Small-Mid Cap Growth Fund	*	7,454
	Blackrock	Total Return Fund	*	94,032
	DFA	Emerging Markets Core Equity Portfolio	*	251,095
	JP Morgan	Equity Income Fund Select	*	4,844
	Vanguard	Target Retirement 2060 Fund	*	50,395
	DFA	Inflation-Protections Securities	*	22,330
	Templeton	Global Bond Fund	*	5,474
*	Nationwide	Geneva Small Cap Growth Fund	*	3,590

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SEE ACCOMPANYING NOTES

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Nuveen	Symphony Credit Opportunities Fund	*	\$ 15,259
	Blackrock	Strategic Income Opportunities Portfolio	*	137,198
	Columbia	Select Large Cap Growth Fund	*	162,620
	Fidelity	Mega Cap Stock Fund	*	88
	Vanguard	500 Index Fund	*	1,726,508
	Vanguard	Balanced Index Fund	*	440,697
	Vanguard	Emerging Markets Stock Index Fund	*	410,559
	Vanguard	Extended Market Index Fund Admiral	*	13,664
	Vanguard	Growth Index Fund	*	4,336
	Vanguard	Mid-Cap Index Fund	*	266,307
	Vanguard	Short-Term Bond Index Fund Admiral Shares	*	2,574
	Vanguard	Small-Cap Index Fund	*	221,597
	Vanguard	Total Bond Market Index Fund	*	338,335
	Vanguard	Total International Stock Index Fund	*	414,397
	Vanguard	Value Index Fund	*	4,333
	Amana	Trust Growth Fund	*	115,557
	Amana	Trust Income Fund	*	336,386
	Vanguard	Total Stock Market Index Fund	*	1,058,330
	Vanguard	Developed Markets Index Fund	*	3,366
	Vanguard	Explorer Fund	*	113,875
	Vanguard	Health Care Fund	*	33,819
	Vanguard	Inflation-Protected Securities Fund	*	41,173

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SEE ACCOMPANYING NOTES

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Vanguard	Intermediate-Term Investment-Grade Fund	*	\$ 681
	Vanguard	Intermediate-Term Treasury Fund	*	692
	Vanguard	Long-Term Investment Grade Fund	*	311,742
	Vanguard	Long-Term Treasury Fund	*	686
	Vanguard	Mid-Cap Growth Index Fund	*	412,489
	Vanguard	Mid-Cap Value Index Fund	*	381,676
	Vanguard	Small-Cap Value Index Fund	*	356,506
	Vanguard	Small-Cap Growth Index Fund	*	328,037
	Fidelity	Advisor Biotechnology Fund	*	7,343
	Vanguard	Total International Bond Index Fund	*	1,064
	Lord Abbett	Floating Rate Fund Class	*	109,366
	DFA	U.S. Large Cap Value Portfolio	*	271,964
	DFA	U.S. Targeted Value Portfolio	*	123,004
	DFA	Five-Year Global Fixed Income Portfolio	*	182,359
	Blackrock	Large Cap Index Fund	*	7,225
	MFS	Value Fund R6	*	6,969
	Federated	Govt Obligations Fund	*	15,078
	Principal	Real Estate Securities Fund	*	63,690
	Prudential	Total Return Bond Fund Z	*	10,757
	Janus Henderson	Global Technology Fund	*	14,361
	Prudential	Total Return Bond Fund Q	*	277,118

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Templeton	Global Bond Fund	*	\$ 2,562
	Blackrock	Ishares MSCI EAFE International Index Fund	*	17,286
	Ivy Pictet	Emerging Markets Local Currency Debt Fund	*	74,939
	JPMorgan	Equity Income Fund	*	168,617
*	Nationwide	All Cap Growth Fund	*	170,661
	Blackrock	Low Duration Bond Portfolio	*	4,074
*	Nationwide	Investor Destinations Aggressive Fund	*	695,848
*	Nationwide	Investor Destinations Conservative Fund	*	232,712
*	Nationwide	Investor Destinations Moderately Conservative Fund	*	351,005
*	Nationwide	Investor Destinations Moderately Aggressive Fund	*	1,215,016
*	Nationwide	Investor Destinations Moderate Fund	*	436,122
	Harbor	International Growth Fund	*	227,360
	MFS	Research Fund	*	3,929
	MFS	Utilities Fund	*	17,168
	Oppenheimer	International Growth Fund	*	17,336
	Prudential	High Yield Fund	*	8,098
	Pimco	Real Return Fund	*	148,592
	American Funds	AMCAP Fund	*	39,700
	American Funds	Europacific Growth Fund	*	6,768
	American Funds	Growth Fund of America	*	37,053
	American Funds	American Mutual Fund	*	19,661
	American Funds	The New Economy Fund	*	14,148
	American Funds	New World Fund	*	3,528

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	American Funds	Capital World Growth and Income Fund	*	\$ 35,936
	American Funds	Washington Mutual Investors Fund	*	86
	Blackrock	Health Sciences Opportunities Portfolio	*	7,932
	Vanguard	Target Retirement 2050 Fund	*	193,691
	Vanguard	Target Retirement 2040 Fund	*	480,651
	Vanguard	Global Equity Fund	*	467,374
	Vanguard	Target Retirement 2035 Fund	*	438,959
	Vanguard	Target Retirement 2030 Fund	*	1,295,316
	Vanguard	Target Retirement 2045 Fund	*	340,036
	Vanguard	Target Retirement Income Fund	*	44,027
	Vanguard	Target Retirement 2025 Fund	*	328,247
	Vanguard	Target Retirement 2020 Fund	*	734,360
	Vanguard	Target Retirement 2015 Fund	*	34,634
	Vanguard	US Value Fund	*	600,568
	Vanguard	Target Retirement 2055 Fund	*	<u>158,996</u>
TOTAL MUTUAL FUNDS				19,005,221
*	Nationwide	Fixed Select Investment Contract	*	816,567
*	Nationwide	Participant Directed Brokerage Accounts	*	166,635
*	Participant Loans	Interest rate 3.25% to 6.77%; maturity dates through May 2034; participant account balances	- 0 -	<u>552,996</u>
				<u><u>\$20,541,419</u></u>

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

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

SEE ACCOMPANYING NOTES

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
(Form 5500, Schedule H, Line 4 (a))
December 31, 2018

Participant Contributions Transferred Late To The Plan	Total That Constitute Nonexempt Prohibited Transactions				
Check Here If Late Participant Loan Repayments Are Included:✓	Contributions Not Corrected	Contributions Corrected or Pending Correction Outside Of Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP and Prohibited Transactions Exemption 2002-51	
09/01/2018	\$ -	\$ 14,595.97	\$ -	\$ -	
09/08/2018	-	35,727.68	-	-	
10/13/2018	-	6,054.64	-	-	
10/20/2018	-	33,401.62	-	-	
10/27/2018	-	8,916.79	-	-	
10/31/2018	-	11,792.02	-	-	
11/07/2018	-	6,314.00	-	-	
11/07/2018	-	8,420.59	-	-	
11/07/2018	-	26,061.61	-	-	
11/10/2018	-	10,000.56	-	-	
11/14/2018	-	5,869.82	-	-	
11/17/2018	-	28,710.85	-	-	
11/17/2018	-	699.23	-	-	
11/17/2018	-	9,621.63	-	-	
12/29/2018	-	24,411.68	-	-	
	<u>\$ -</u>	<u>\$ 230,598.69</u>	<u>\$ -</u>	<u>\$ -</u>	

SEE ACCOMPANYING NOTES

Multiple-Employer Plan Participating Employer Information

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

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
3D Industries DBA Certapro Of South Denver	26-1614911	0.119%
A OK Cooling & Heating, Corp	38-1735333	0.345%
ABC Harley Davidson	38-2401045	0.273%
Advanced Entertainment Center	52-2069529	0.081%
AKS Of Romeo, LLC	38-3635355	0.714%
All Aboard Daycare, Inc.	65-0372459	0.996%
American Renewable Power	81-5022540	0.567%
ARP-Loyalton Cogen LLC	82-2943541	0.000%
Auto Konnect, LLC	35-2200928	3.175%
Axsium Group	26-0385325	9.614%
Banker & Brisebois Co	98-0584491	0.859%
Bensalem Ppch LLC DbA Allegria At The Oaks	82-4447422	0.000%
Blarney Stone Broadcasting	38-0324950	0.047%
C & J Parking Lot Sweeping, Inc.	38-2637634	0.416%
C&T Mgmt Svcs LLC DbA H&R Block Of Kingsle	26-2950773	1.847%
Canalside Staffing	46-0894137	0.000%
Capital 4 Growth Llc	81-0909367	0.624%
Carswell Landscaping	65-0123493	0.457%
Chronic Care Management, Llc	46-5217360	0.078%
CKS Of Mt. Clemens, LLC	32-0027931	1.209%
CMP Group	38-3089488	0.711%
Construction Contractor Services, Inc.	65-1125623	1.038%
Contego Services Group, Llc	45-1830330	0.000%
Conteyor Us Inc	47-1360531	0.052%
Corepay, Inc.	14-1794218	0.000%
D&G Industries DbA Certapro Of Albuquerque	81-3044322	0.000%
DJC Investments	45-0536938	0.000%
Extreme Engineering	02-0644872	0.219%
FQ LLC - Healthquest	27-3616984	0.040%
Global Office Solutions, LLC	38-3435808	2.171%
Greater Ambulatory Surgical Center	26-3899267	0.000%
Healthquest Physical Therapy & Wellness Cente	27-3540142	1.158%
Healthquest Physical Therapy & Wellness Cente	38-3441098	0.455%
Helping Hand Autism Services, LLC	83-1895992	0.000%
Hope At Home Health Care	61-1455609	0.000%
HQ Inc.	38-3626585	3.375%
HQ Of Algonac	82-1361828	0.183%
HQ Of Chesterfield	30-0027931	0.346%
HQ Of Lapeer	80-3371900	0.240%
HQ Of Oxford	20-1913844	1.057%
HQ Of Rochester	81-3387235	0.672%
HQ Of Romeo Plank	82-2774702	0.294%
HQ Of West Bloomfield	47-5139298	0.552%
Ims/Mold Free	76-0770762	0.433%

Iipse-Us	43-1730582	0.000%
Iworker Innovations, Llc	82-4252451	0.000%
Jost Corp	52-2069529	0.000%
Kelleher Benefits Group Llc	47-2573935	0.324%
KKS Of Michigan LLC	38-3578339	1.455%
KRS Of Clawson, LLC	22-3934436	1.211%
KSS Of Shelby Township, LLC	32-0028094	1.729%
L & J Enterprise-East Wayne LLC	82-1827141	0.167%
Labor Connections	46-2653265	0.000%
Landmark Systems, Inc	38-3235038	0.440%
Lapeer Lodge/Lansing	27-2550650	0.054%
LTC Automotive Inc.	38-3393966	2.042%
Mo Trucking, Inc.	11-3454307	0.000%
MP6 LLC	27-1701133	0.167%
Mt Clemens Housing Commission	45-5272001	1.939%
Novem Engineering (Standard Automation Of Ti	30-0767584	3.726%
Perbro, Inc.	52-2069529	0.094%
Professional Graphic Network, Inc.	38-2729847	0.056%
QMI Group	38-2193292	2.127%
R4 Enterprises, Llc	81-2763306	0.110%
Re Formsnet (Ziplogic)	95-4768690	24.500%
Red E Parts	20-3891119	0.142%
Resource Employment Solutions	45-2799160	0.759%
Robynwood Llc	45-3827146	0.004%
Selective Industries, Inc.	38-3216581	0.336%
Serrano Paint And Body Shop Co., Inc.	59-1219865	1.123%
Soffer Agency	81-4094942	0.000%
Terradin LLC	47-5118959	0.000%
The Marcal Group, LLC	45-2592229	0.000%
Trion Solutions Inc	46-1334892	18.045%
Two Men And A Truck	38-3139381	2.486%
Valintry Health Llc	81-2589288	0.000%
Valintry Services, Llc & Valintry Health	46-3114520	1.847%
VMS Of Macomb Township LLC	26-3504166	0.573%
Wedgewood Property Management	20-0040610	0.129%
WFQ	46-2575897	0.000%
Zooling Imports Llc Dbz Zied Lighting	52-2069529	0.000%

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i))
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
MUTUAL FUNDS				
	Aberdeen	Global Equity	*	\$ 4,722
	American Century	Short Duration Inflation Protection Bond Fund	*	4,577
	JP Morgan	Core Plus Bond Fund	*	18,659
	JP Morgan	Small Cap Value	*	2,072
	Ave Maria	Growth Fund	*	7,440
	MFS	Value Fund R4	*	864
	American Beacon	International Equity Institutional	*	230,674
	Oakmark	Fund Investor Class	*	1,087
	Prudential	Global Real Estate Fund	*	7,357
	T. Rowe Price	Media and Telecommunications Fund	*	44,618
	Fidelity	New Insights	*	20,685
	Franklin	Small Cap Value ADV	*	13,431
	Lord Abbett	High Yield Fund	*	192,327
	Lord Abbett	Total Return Fund	*	145,954
	Oakmark	Equity and Income Fund	*	577
	T. Rowe Price	Blue Chip Growth Fund	*	54,182
	William Blair	Small-Mid Cap Growth Fund	*	7,454
	Blackrock	Total Return Fund	*	94,032
	DFA	Emerging Markets Core Equity Portfolio	*	251,095
	JP Morgan	Equity Income Fund Select	*	4,844
	Vanguard	Target Retirement 2060 Fund	*	50,395
	DFA	Inflation-Protections Securities	*	22,330
	Templeton	Global Bond Fund	*	5,474
*	Nationwide	Geneva Small Cap Growth Fund	*	3,590

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SEE ACCOMPANYING NOTES

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Nuveen	Symphony Credit Opportunities Fund	*	\$ 15,259
	Blackrock	Strategic Income Opportunities Portfolio	*	137,198
	Columbia	Select Large Cap Growth Fund	*	162,620
	Fidelity	Mega Cap Stock Fund	*	88
	Vanguard	500 Index Fund	*	1,726,508
	Vanguard	Balanced Index Fund	*	440,697
	Vanguard	Emerging Markets Stock Index Fund	*	410,559
	Vanguard	Extended Market Index Fund Admiral	*	13,664
	Vanguard	Growth Index Fund	*	4,336
	Vanguard	Mid-Cap Index Fund	*	266,307
	Vanguard	Short-Term Bond Index Fund Admiral Shares	*	2,574
	Vanguard	Small-Cap Index Fund	*	221,597
	Vanguard	Total Bond Market Index Fund	*	338,335
	Vanguard	Total International Stock Index Fund	*	414,397
	Vanguard	Value Index Fund	*	4,333
	Amana	Trust Growth Fund	*	115,557
	Amana	Trust Income Fund	*	336,386
	Vanguard	Total Stock Market Index Fund	*	1,058,330
	Vanguard	Developed Markets Index Fund	*	3,366
	Vanguard	Explorer Fund	*	113,875
	Vanguard	Health Care Fund	*	33,819
	Vanguard	Inflation-Protected Securities Fund	*	41,173

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SEE ACCOMPANYING NOTES

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Vanguard	Intermediate-Term Investment-Grade Fund	*	\$ 681
	Vanguard	Intermediate-Term Treasury Fund	*	692
	Vanguard	Long-Term Investment Grade Fund	*	311,742
	Vanguard	Long-Term Treasury Fund	*	686
	Vanguard	Mid-Cap Growth Index Fund	*	412,489
	Vanguard	Mid-Cap Value Index Fund	*	381,676
	Vanguard	Small-Cap Value Index Fund	*	356,506
	Vanguard	Small-Cap Growth Index Fund	*	328,037
	Fidelity	Advisor Biotechnology Fund	*	7,343
	Vanguard	Total International Bond Index Fund	*	1,064
	Lord Abbett	Floating Rate Fund Class	*	109,366
	DFA	U.S. Large Cap Value Portfolio	*	271,964
	DFA	U.S. Targeted Value Portfolio	*	123,004
	DFA	Five-Year Global Fixed Income Portfolio	*	182,359
	Blackrock	Large Cap Index Fund	*	7,225
	MFS	Value Fund R6	*	6,969
	Federated	Govt Obligations Fund	*	15,078
	Principal	Real Estate Securities Fund	*	63,690
	Prudential	Total Return Bond Fund Z	*	10,757
	Janus Henderson	Global Technology Fund	*	14,361
	Prudential	Total Return Bond Fund Q	*	277,118

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Templeton	Global Bond Fund	*	\$ 2,562
	Blackrock	Ishares MSCI EAFE International Index Fund	*	17,286
	Ivy Pictet	Emerging Markets Local Currency Debt Fund	*	74,939
	JPMorgan	Equity Income Fund	*	168,617
*	Nationwide	All Cap Growth Fund	*	170,661
	Blackrock	Low Duration Bond Portfolio	*	4,074
*	Nationwide	Investor Destinations Aggressive Fund	*	695,848
*	Nationwide	Investor Destinations Conservative Fund	*	232,712
*	Nationwide	Investor Destinations Moderately Conservative Fund	*	351,005
*	Nationwide	Investor Destinations Moderately Aggressive Fund	*	1,215,016
*	Nationwide	Investor Destinations Moderate Fund	*	436,122
	Harbor	International Growth Fund	*	227,360
	MFS	Research Fund	*	3,929
	MFS	Utilities Fund	*	17,168
	Oppenheimer	International Growth Fund	*	17,336
	Prudential	High Yield Fund	*	8,098
	Pimco	Real Return Fund	*	148,592
	American Funds	AMCAP Fund	*	39,700
	American Funds	Europacific Growth Fund	*	6,768
	American Funds	Growth Fund of America	*	37,053
	American Funds	American Mutual Fund	*	19,661
	American Funds	The New Economy Fund	*	14,148
	American Funds	New World Fund	*	3,528

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

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	American Funds	Capital World Growth and Income Fund	*	\$ 35,936
	American Funds	Washington Mutual Investors Fund	*	86
	Blackrock	Health Sciences Opportunities Portfolio	*	7,932
	Vanguard	Target Retirement 2050 Fund	*	193,691
	Vanguard	Target Retirement 2040 Fund	*	480,651
	Vanguard	Global Equity Fund	*	467,374
	Vanguard	Target Retirement 2035 Fund	*	438,959
	Vanguard	Target Retirement 2030 Fund	*	1,295,316
	Vanguard	Target Retirement 2045 Fund	*	340,036
	Vanguard	Target Retirement Income Fund	*	44,027
	Vanguard	Target Retirement 2025 Fund	*	328,247
	Vanguard	Target Retirement 2020 Fund	*	734,360
	Vanguard	Target Retirement 2015 Fund	*	34,634
	Vanguard	US Value Fund	*	600,568
	Vanguard	Target Retirement 2055 Fund	*	<u>158,996</u>
TOTAL MUTUAL FUNDS				19,005,221
*	Nationwide	Fixed Select Investment Contract	*	816,567
*	Nationwide	Participant Directed Brokerage Accounts	*	166,635
*	Participant Loans	Interest rate 3.25% to 6.77%; maturity dates through May 2034; participant account balances	- 0 -	<u>552,996</u>
				<u><u>\$20,541,419</u></u>

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

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

SEE ACCOMPANYING NOTES