

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 6047(e), 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. 1510 - 0110 1510 - 0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2014</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the forms instr.); or <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> an amended return/report;	<input type="checkbox"/> the final return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	► <input checked="" type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> special extension (enter description) _____	<input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;

Part II Basic Plan Information - enter all requested information		
1a Name of plan INSURANCE AND BENEFITS TRUST OF THE PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA	1b Three-digit plan number (PN) ►	501
	1c Effective date of plan	06/21/1991
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) INSURANCE AND BENEFITS TRUST OF THE PORAC 4010 TRUXEL ROAD SACRAMENTO CA 95834-3725	2b Employer Identification Number (EIN) 68-6068469 2c Plan Sponsor's telephone number 8006556397 2d Business code (see instructions) 525100	

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		9-15-15	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9-15-15	-WILLIAM K. DAVIEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) HEMMING MORSE CPAS AND CONSULTANTS 155 BOVET ROAD, SUITE 600 SAN MATEO CA 94402			Preparer's telephone number (optional) 415-836-4000

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)
v. 140124

**Application for Extension of Time
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only**Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) INSURANCE AND BENEFITS TRUST OF THE PORAC Number, street, and room or suite no. (If a P.O. box, see instructions) 4010 TRUXEL ROAD City or town, state, and ZIP code SACRAMENTO, CA 95834-3725	B Filer's identifying number (see instr) Employer identification number (EIN) (9 digits XX-XXXXXXX) 68-6068469 Social security number (SSN) (9 digits XXX-XX-XXXX) 												
C Plan name INSURANCE AND BENEFITS TRUST OF THE PEACE OFF	<table border="1"> <thead> <tr> <th data-bbox="1031 514 1250 577">Plan number</th> <th colspan="3" data-bbox="1250 514 1339 577">Plan year ending -</th> </tr> <tr> <th></th> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> </thead> <tbody> <tr> <td>501</td> <td>12</td> <td>31</td> <td>2014</td> </tr> </tbody> </table>	Plan number	Plan year ending -				MM	DD	YYYY	501	12	31	2014
Plan number	Plan year ending -												
	MM	DD	YYYY										
501	12	31	2014										

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 10/15/2015 to file Form 5500 series (see instructions).

Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until _____ to file Form 8955-SSA (see instructions).

Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

4 I request an extension of time until _____ to file Form 5330.

You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax a

b Enter the payment amount attached

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date

b

c

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

Form **5558** (Rev. 8-2012)

met/9/15

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**4b** EIN**a** Sponsor's name**4c** PN**5** Total number of participants at the beginning of the plan year**5**

61198

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a (1)** Total number of active participants at the beginning of the plan year**6a(1)**

61198

a (2) Total number of active participants at the end of the plan year**6a(2)**

63536

b Retired or separated participants receiving benefits**6b****c** Other retired or separated participants entitled to future benefits**6c****d** Subtotal. Add lines 6a(2), 6b, and 6c**6d**

63536

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f****g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7**

168

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

4B 4F 4H 4L

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) ☒ **5** **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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan INSURANCE AND BENEFITS TRUST OF THE PEACE OFFICERS	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 INSURANCE AND BENEFITS TRUST OF THE PORAC	D Employer Identification Number (EIN) 68-6068469

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
RELIASTAR LIFE INSURANCE COMAPNY

(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
41-0451140	67105	66326-3	7483	10/01/2013	09/30/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
17495	41878

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
MYERS-STEVENS & TOOHEY CO INC
26101 MARQUERITE PKWY
MISSION VIEJO CA 92692

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17495	41878	ADMINISTRATION	3

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

(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	

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

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

Part II	Investment and Annuity Contract Information		
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.			
4 Current value of plan's interest under this contract in the general account at year end			4
5 Current value of plan's interest under this contract in separate accounts at year end			5
6 Contracts With Allocated Funds:			
a State the basis of premium rates ▶			
b Premiums paid to carrier			6b
c Premiums due but unpaid at the end of the year			6c
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount			6d
Specify nature of costs ▶			
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity			
(3) <input type="checkbox"/> other (specify) ▶			
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here <input type="checkbox"/>			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)			
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee			
(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶			
b Balance at the end of the previous year			7b
c Additions: (1) Contributions deposited during the year			7c(1)
(2) Dividends and credits			7c(2)
(3) Interest credited during the year			7c(3)
(4) Transferred from separate account			7c(4)
(5) Other (specify below)			7c(5)
▶			
(6) Total additions			7c(6)
d Total of balance and additions (add lines 7b and 7c(6))			7d
e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year			7e(1)
(2) Administration charge made by carrier			7e(2)
(3) Transferred to separate account			7e(3)
(4) Other (specify below)			7e(4)
▶			
(5) Total deductions			7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f

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 organization(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) ► **AD&D**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))	9a(4)	
b Benefit charges: (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))	9b(3)	
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	561669
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 ► **N/A**

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 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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan INSURANCE AND BENEFITS TRUST OF THE PEACE OFFICERS	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 INSURANCE AND BENEFITS TRUST OF THE PORAC	D Employer Identification Number (EIN) 68-6068469

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.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD 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
93-0242990	69019	430330	86	01/01/2014	01/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	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
NONE

(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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4**

5 Current value of plan's interest under this contract in separate accounts at year end **5**

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
Specify nature of costs ►

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ►

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ►

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**

(5) Total deductions **7e(5)** 0

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

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 organization(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)	22
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))	9a(4)	22
b Benefit charges: (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	-20
(3) Incurred claims (add (1) and (2))	9b(3)	-20
(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)	13
(E) Taxes	9c(1)(E)	1
(F) Charges for risks or other contingencies	9c(1)(F)	1
(G) Other retention charges	9c(1)(G)	27
(H) Total retention	9c(1)(H)	42
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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)	18
(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 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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan INSURANCE AND BENEFITS TRUST OF THE PEACE OFFICERS	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 INSURANCE AND BENEFITS TRUST OF THE PORAC	D Employer Identification Number (EIN) 68-6068469

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.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD 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
93-0242990	69019	430330	19861	01/01/2014	01/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	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
NONE

(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	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 organization(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)	152244	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	152244
b Benefit charges: (1) Claims paid	9b(1)	41987	
(2) Increase (decrease) in claim reserves	9b(2)	-71345	
(3) Incurred claims (add (1) and (2))		9b(3)	-29358
(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)	22662	
(E) Taxes	9c(1)(E)	3577	
(F) Charges for risks or other contingencies	9c(1)(F)	18269	
(G) Other retention charges	9c(1)(G)	137094	
(H) Total retention		9c(1)(H)	181602
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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)	5412909
(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 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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan INSURANCE AND BENEFITS TRUST OF THE PEACE OFFICERS	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 INSURANCE AND BENEFITS TRUST OF THE PORAC	D Employer Identification Number (EIN) 68-6068469

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.

1 Coverage Information:

(a) Name of insurance carrier
RELIASTAR LIFE INSURANCE COMAPNY OF NEW YORK

(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
41-0451140	67105	66326-3	8986	10/01/2013	09/30/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
62106	134531

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
MYERS-STEVENS & TOOHEY CO INC
26101 MARQUERITE PKWY
MISSION VIEJO CA 92692

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62106	134531	ADMINISTRATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 organization(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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input checked="" type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ► | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges: (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) -		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	1242113
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 ► N/A		

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 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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2014</div> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan INSURANCE AND BENEFITS TRUST OF THE PEACE OFFICERS	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 INSURANCE AND BENEFITS TRUST OF THE PORAC	D Employer Identification Number (EIN) 68-6068469

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.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD 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
93-0242990	69019	649401	18657	02/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	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
NONE

(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	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 organization(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)	1964840	
(2) Increase (decrease) in amount due but unpaid	9a(2)	429604	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	2394444
b Benefit charges: (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)	2856796	
(3) Incurred claims (add (1) and (2))		9b(3)	2856796
(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)	319256	
(D) Other expenses	9c(1)(D)	276475	
(E) Taxes	9c(1)(E)	56270	
(F) Charges for risks or other contingencies	9c(1)(F)	287334	
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	939335
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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)	2856796
(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 <div style="border: 1px solid black; text-align: center; padding: 5px;">2014</div> This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan INSURANCE AND BENEFITS TRUST OF THE PEACE OFFICERS RES	B Three-digit plan number (PN) ► 501	
C Plan sponsor's name as shown on line 2a of Form 5500 INSURANCE AND BENEFITS TRUST OF THE PORAC	D Employer Identification Number (EIN) 68-6068469	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions) ... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

(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

(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 on page 2, 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)						
<div style="display: flex; justify-content: space-between;"> PORAC 23-7077256 </div>						
(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?
50 14	PARTY IN INTEREST	622766.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)						
<div style="display: flex; justify-content: space-between;"> MYERS-STEVENS TOOHEY & CO INC 95-2637676 </div>						
(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 50	NONE	436851.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)						
<div style="display: flex; justify-content: space-between;"> TRUCKER HUSS 94-3216063 </div>						
(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?
29 50	NONE	160042.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a on page 2, 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 SEGAL COMPANY 94-1050399						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	108612.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	3381.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)						
HEMMING MORSE 30-0702322						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	33000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)						
ROBERT FEINGLASS 80-0231345						
(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?
29 50	NONE	21566.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a on page 2, 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)

HALBERT HARGROVE

33-0804608

(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 51	NONE	21166.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HANSON BRIDGITT

94-1205338

(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?
29 50	NONE	9035.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RUSTY REA

23-7077256

(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?
20 50	TRUSTEE	6510.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
THE SEGAL COMPANY	53	3381.
(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.	
SEGAL SELECT INSURANCE SERVI 46-0619194	INSURANCE BROKERAGE COMMISSIONS	
(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
94-1205338 HANSON BRIDGETT	29 50	SERVICE PROVIDER RECEIVES DIRECT COMPENSATION BUT FAILED TO RESPOND TO INDIRECT COMPENSATION QUESTIONNAIRE
EXAMWORKS 11030 WHITE ROCK ROAD, STE 110 RANCHO CORDOVA CA 95670	49	SERVICE PROVIDER FAILED TO RESPOND TO INDIRECT COMPENSATION QUESTIONNAIRE

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan INSURANCE AND BENEFITS TRUST OF THE PEACE OFFICERS R	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 INSURANCE AND BENEFITS TRUST OF THE PORAC	D Employer Identification Number (EIN) 68-6068469

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	239	43210
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	316914	395971
(3) Other SEE STATEMENT 1	1b(3)	1274408	1306548
c General investments:			
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit) ..	1c(1)	304186	76489
(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)	1149069	1036524
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	510927	392143
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3715776	3258744
(14) Value of funds held in insurance co. general account (unallocated contracts) ...	1c(14)		
(15) Other SEE STATEMENT 2	1c(15)	882913	359447

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

Schedule H (Form 5500) 2014

v. 140124

		(a) Beginning of Year	(b) End of Year
1 d	Employer-related investments:		
	(1) Employer securities	1d(1)	
	(2) Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	3276 8924
f	Total assets (add all amounts in lines 1a through 1e)	1f	8157708 6878000
Liabilities			
g	Benefit claims payable	1g	2806253 2184000
h	Operating payables	1h	226110 185813
i	Acquisition indebtedness	1i	
j	Other liabilities SEE STATEMENT 3	1j	1845051 2006093
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	4877414 4375906
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3280294 2502094

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	5148540
	(C) Others (including rollovers)	2a(1)(C)	
	(2) Noncash contributions	2a(2)	
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	5148540
b	Earnings on investments:		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	280
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	50991
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	16433
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	67704
	(2) Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	7381
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	178535
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	185916
	(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)	
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-23849
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-23849

	(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)	-60717
c Other income SEE STATEMENT 4	2c	2299364
d Total income. Add all income amounts in column (b) and enter total	2d	7616958

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4088181
(2) To insurance carriers for the provision of benefits	2e(2)	2747410
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	6835591
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses: (1) Professional fees	2i(1)	332406
(2) Contract administrator fees	2i(2)	1059617
(3) Investment advisory and management fees	2i(3)	21166
(4) Other SEE STATEMENT 5	2i(4)	146378
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	1559567
j Total expenses. Add all expense amounts in column (b) and enter total	2j	8395158

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-778200
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
 (1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:
 (1) Name: **HEMMING MORSE CPAS AND CONSULTANTS** (2) EIN: **30-0702322**

d The opinion of an independent qualified public accountant is **not attached** because:
 (1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) ...		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	1
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DESCRIPTION	BEGINNING	ENDING
OTHER RECEIVABLES	1274408.	1306548.
TOTAL TO SCHEDULE H, LINE 1B(3)	1274408.	1306548.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT	2
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DESCRIPTION	BEGINNING	ENDING
OTHER GENERAL INVESTMENTS	882913.	359447.
TOTAL TO SCHEDULE H, LINE 1C(15)	882913.	359447.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT	3
------------	------------------------	-----------	---

DESCRIPTION	BEGINNING	ENDING
OTHER LIABILITIES	1845051.	2006093.
TOTAL TO SCHEDULE H, LINE 1J	1845051.	2006093.

SCHEDULE H	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
OTHER INCOME	2299364.
TOTAL TO SCHEDULE H, LINE 2C	2299364.

SCHEDULE H		OTHER ADMINISTRATIVE EXPENSES	STATEMENT	5
DESCRIPTION			AMOUNT	
OTHER ADMINISTRATIVE EXPENSES			146378.	
TOTAL TO SCHEDULE H, LINE 2I(4)			146378.	

**INSURANCE AND BENEFITS TRUST OF THE
PEACE OFFICERS RESEARCH ASSOCIATION
OF CALIFORNIA**

FINANCIAL STATEMENTS

December 31, 2014 and 2013

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
FINANCIAL STATEMENTS
December 31, 2014 and 2013**

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Insurance and Benefits Trust of the
Peace Officers Research Association
of California

Report on the Financial Statements

We have audited the accompanying financial statements of Insurance and Benefits Trust of the Peace Officers Research Association of California (the "Trust"), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

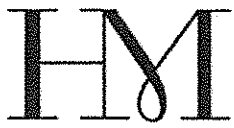
Trust management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Trust's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



HEMMING
MORSE, LLP
CERTIFIED PUBLIC ACCOUNTANTS
AND FORENSIC CONSULTANTS

Board of Trustees
Insurance and Benefits Trust of the
Peace Officers Research Association
of California
(Continued)

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Insurance and Benefits Trust of the Peace Officers Research Association of California as of December 31, 2014 and 2013, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held for Investment as of December 31, 2014, referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Trust's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

San Francisco, California
October 12, 2015

Hemming Morse LLP

INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AND OF BENEFIT OBLIGATIONS
December 31, 2014 and 2013

	ASSETS			
	2014			2013
	Safety Plan	Non-Safety Plan	Total	
Investments (Notes 2C and 3)	\$ 5,123,347	\$ 301,560	\$ 5,424,907	\$ 6,704,288
Receivables:				
Estimated recoverable claims receivable (Note 4)	1,932,860	103,112	2,035,972	2,423,613
Less estimated non-recoverable portion	(811,801)	(43,307)	(855,108)	(1,284,515)
Net estimated recoverable claims receivable	1,121,059	59,805	1,180,864	1,139,098
Participant contributions	395,971	17,804	413,775	331,292
Administrative fee receivable	154,520	6,374	160,894	167,394
Due from Safety (Note 7)	-	78,264	78,264	61,492
Due from Non-Safety (Note 7)	26,605	-	26,605	-
Miscellaneous receivable	500	-	500	1,500
	577,596	102,442	680,038	561,678
Fixed Assets, net of accumulated depreciation (Note 2D and 6)	8,924	387	9,311	3,425
Cash Accounts:				
Benefit account	42,971	-	42,971	149,549
Operating account	-	55,833	55,833	-
Petty cash	239	11	250	250
	43,210	55,844	99,054	149,799
Other Assets:				
Prepaid insurance expense	-	-	-	21,169
Prepaid expense	3,864	165	4,029	3,066
	3,864	165	4,029	24,235
Total assets	6,878,000	520,203	7,398,203	8,582,523
LIABILITIES				
	2014			2013
	Safety Plan	Non-Safety Plan	Total	
Liabilities:				
Accounts payable	185,813	6,358	192,171	236,368
Due to Safety (Note 7)	-	26,605	26,605	-
Due to Non-Safety (Note 7)	78,264	-	78,264	61,492
Operating Cash Overdraft	83,331	-	83,331	27,937
Other	20,076	842	20,918	23,907
Total liabilities	367,484	33,805	401,289	349,704
Net Assets Available for Benefits	6,510,516	486,398	6,996,914	8,232,819
Self-funded and insured benefits (Note 1B and 2E):				
Group insurance premiums payable	256,922	-	256,922	154,363
Self-funded benefits claims payable (Note 5)	2,184,000	63,000	2,247,000	2,933,978
Incurred but not reported claims (Note 5)	1,567,500	82,500	1,650,000	1,650,000
Total benefit obligations	4,008,422	145,500	4,153,922	4,738,341
Excess of Net Assets Available for Benefits Over Benefit Obligations	\$ 2,502,094	\$ 340,898	\$ 2,842,992	\$ 1,494,478

The accompanying notes are an integral part of the financial statements.

INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AND CHANGES IN BENEFIT OBLIGATIONS
For the Years Ended December 31, 2014 and 2013

	2014			2013
	Safety Plan	Non-Safety Plan	Total	
Additions:				
Participant contributions (Notes 1C and 2B)	\$ 5,148,540	\$ 227,961	\$ 5,376,501	\$ 4,759,524
Long term disability claims recoveries	1,251,681	37,260	1,288,941	647,107
Standard insurance recoveries	1,439	61	1,500	6,651
Admin fee revenue:				
Anthem Blue Cross	761,114	37,864	798,978	798,936
AFLAC	154,333	7,103	161,436	174,719
Insurance and Benefits Committee (Note 7)	5,757	243	6,000	6,600
	<u>7,322,864</u>	<u>310,492</u>	<u>7,633,356</u>	<u>6,392,937</u>
Investment income:				
Realized and unrealized gains on investments, net (Note 3)	(84,566)	270	(84,296)	413,280
Interest and dividends	253,620	10,668	264,288	264,737
	<u>169,054</u>	<u>10,938</u>	<u>179,992</u>	<u>678,017</u>
Less: investment expenses	<u>(21,166)</u>	<u>(893)</u>	<u>(22,059)</u>	<u>(24,455)</u>
	<u>147,888</u>	<u>10,045</u>	<u>157,933</u>	<u>653,562</u>
Other income	<u>125,040</u>	<u>1,847</u>	<u>126,887</u>	<u>3,510</u>
Total additions	<u>7,595,792</u>	<u>322,384</u>	<u>7,918,176</u>	<u>7,050,609</u>
Deductions:				
Self-funded claims (Note 1B):				
Long Term Disability Claims	4,490,448	174,072	4,664,520	4,601,913
Death Benefit	200,000	-	200,000	269,983
Claims review costs	30,876	50	30,926	25,837
	<u>4,721,324</u>	<u>174,122</u>	<u>4,895,446</u>	<u>4,837,733</u>
Insured benefits (Note 1B):				
Standard Insurance- Extended Long Term Disability	2,415,989	-	2,415,989	1,295,254
Voya- AD&D Death Benefit	228,862	10,961	239,823	335,407
	<u>2,644,851</u>	<u>10,961</u>	<u>2,655,812</u>	<u>1,630,661</u>
Total benefits	<u>7,366,175</u>	<u>185,083</u>	<u>7,551,258</u>	<u>6,468,394</u>
Operating expenses:				
Administrative fees:				
PORAC (Note 7)	622,766	25,551	648,317	657,346
Myers-Stevens Torrey	436,851	17,747	454,598	449,649
	<u>1,059,617</u>	<u>43,298</u>	<u>1,102,915</u>	<u>1,106,995</u>

(Continued)

The accompanying notes are an integral part of the financial statements.

INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AND CHANGES IN BENEFIT OBLIGATIONS - (Continued)
For the Years Ended December 31, 2014 and 2013

	2014			2013
	Safety Plan	Non-Safety Plan	Total	
Professional services:				
Legal fees	190,794	7,607	198,401	160,672
Consultant	168,612	4,232	112,844	49,120
Audit fees	33,060	1,393	34,393	26,500
	<u>332,466</u>	<u>13,232</u>	<u>345,638</u>	<u>236,292</u>
General expenses:				
Insurance	22,078	1,851	23,929	20,225
Computer maintenance	59,977	2,426	62,397	50,757
Supplies and telephone	16,603	702	17,305	15,448
Meeting and conferences	44,581	1,882	46,463	72,909
Depreciation expense	2,179	92	2,271	873
Miscellaneous	960	945	1,905	686
	<u>146,378</u>	<u>7,892</u>	<u>154,270</u>	<u>160,898</u>
Total operating expenses	<u>1,538,401</u>	<u>64,422</u>	<u>1,602,823</u>	<u>1,504,185</u>
Total deductions	<u>8,964,576</u>	<u>249,505</u>	<u>9,154,081</u>	<u>7,972,579</u>
Increase in Net Assets Available for Benefits	<u>(1,308,784)</u>	<u>72,839</u>	<u>(1,235,965)</u>	<u>(922,570)</u>
Increase in Benefit Obligations:				
Group insurance premiums payable	102,559	-	102,559	41,684
Self-funded benefits claims payable	(622,253)	(64,725)	(686,978)	(559,969)
Incurred but not reported claims	(10,890)	10,890	-	-
	<u>(530,584)</u>	<u>(53,835)</u>	<u>(584,419)</u>	<u>(518,285)</u>
Total (decrease) in benefit obligations	<u>(530,584)</u>	<u>(53,835)</u>	<u>(584,419)</u>	<u>(518,285)</u>
Increase/(decrease) in net assets available for benefits over benefit obligations	<u>(778,200)</u>	<u>126,714</u>	<u>(651,486)</u>	<u>(404,285)</u>
Excess of Net Assets Available for Benefits:				
Beginning of year	<u>3,280,294</u>	<u>214,184</u>	<u>3,494,478</u>	<u>3,898,763</u>
End of year	<u>\$ 2,502,094</u>	<u>\$ 340,898</u>	<u>\$ 2,842,992</u>	<u>3,494,478</u>

The accompanying notes are an integral part of the financial statements.

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS**

NOTE 1 - DESCRIPTION OF THE TRUST

A. General:

The following brief description is provided for general information purposes only. Participants should refer to the Certificate of Coverage for more complete information.

The Insurance and Benefits Trust of the Peace Officers Research Association of California ("the Trust") was established on June 21, 1991 by the governing committee. Set up as a VEBA (Voluntary Employee Benefits Association), the purpose of the Trust is to provide death, sickness, accident or other benefits to Peace Officers Research Association of California ("PORAC") members or their beneficiaries.

The Trust is made up of Safety and Non-Safety members. The Safety Plan is comprised of law enforcement and fire suppression. The Non-Safety Plan is combined of Specialized Non-Safety, which are members who are campus police that carry non-lethal weapons and Other Non-Safety, which are members such as dispatchers.

The Trust is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is exempt from federal and California taxes on income under the current provisions of the Internal Revenue Code and the California Revenue and Taxation Code, respectively.

B. Benefits:

Participants are initially eligible for coverage on the date they become a member of PORAC and when their association begins participation under the Trust.

The benefits of the Trust are mainly funded through payment of participant contributions as well as premium deductions from payroll.

The Safety and Specialized Non-Safety members are eligible for long term disability, lifetime disability benefit, salary continuance pay and death benefits. The Other Non-Safety members are eligible for long term disability and death benefits.

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 1 - DESCRIPTION OF THE TRUST – (Continued)

C. Contributions:

During the years ended December 31, 2014 and 2013, the Trust received contributions at monthly rates equal to the per capita premium based upon level of benefits chosen at the following rates:

	Premier PLUS Plan	Premier Plan	Basic Plan
January 1, 2013 - January 31, 2014	\$22.50	\$19.50	\$9.50
February 1, 2014 - December 31, 2014	\$24.50	\$21.50	\$11.50

D. Trust Termination:

In the event the Trust terminates, the assets remaining after the payment of administrative expenses, shall be allocated in the manner determined by the Board of Trustees in accordance with applicable law.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting:

The Trust's financial statements are prepared on the accrual basis of accounting.

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

B. Contributions:

All active members of PORAC and retirees are entitled to participate in the benefits of the Trust which are mainly funded through payment of participant contributions as well as premium deductions from payroll. The payments are received weekly by a third party administrator, who then transfers the contributions to the Trust.

C. Valuation of Investments:

The Trust management determines valuation policies utilizing information provided by its investment advisors, managers, and custodians.

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.

Cash equivalents are valued at cost, which equals fair value.

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

C. Valuation of Investments:

Corporate obligations are recorded at fair value based upon closing market quotations or models using discounted cash flows. Inputs may include interest rate yields and spreads similar to the valued bonds terms of issuer, maturity and seniority.

Mutual funds, Common stock, and Exchange Traded Funds are valued at fair value, based on closing market quotations at December 31.

D. Property and Equipment:

Property and equipment are stated at cost less accumulated depreciation. Depreciation is computed on the straight-line basis over estimated useful lives.

E. Benefits:

As a result of the eligibility provisions of the Trust, generally a participant is eligible to receive benefits on the date their association begins the participation in the plan and the date they become a member of PORAC.

F. Uncertain Tax Positions:

The Trust has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. The Trust administrator believes that the Trust has not taken uncertain tax positions that require adjustment to the financial statements as a tax liability. The Trust administrator believes it is no longer subject to income tax examinations for fiscal years prior to December 31, 2011.

NOTE 3 - INVESTMENTS

A. General:

The investments of the Trust are held by Fidelity Investments, under the terms of a custodian agreement and are invested in accordance with an investment policy and program directed by the Board of Trustees and Halbert Hargrove the investment advisor and manager.

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 3 – INVESTMENTS - (Continued)

A. General: - (Continued)

The following information, included in the Trust's financial statements as of December 31, 2014 and 2013, was prepared by Fidelity Investments and furnished to the Administrator:

<u>Safety</u>	<u>2014</u>	<u>2013</u>
	<u>Fair Value</u>	<u>Fair Value</u>
Short term investment funds	\$ 76,489	\$ 154,637
Common stock	392,143	510,927
Corporate bonds	1,036,524	1,149,069
Mutual funds	3,258,744	3,715,776
Other- Exchange traded funds	359,447	882,913
	<u>\$ 5,123,347</u>	<u>\$ 6,413,322</u>
 <u>Non-Safety</u>	 <u>2014</u>	 <u>2013</u>
	<u>Fair Value</u>	<u>Fair Value</u>
Short term investment funds	\$ 4,502	\$ 7,016
Common stock	23,081	23,180
Corporate bonds	61,010	52,132
Mutual funds	191,810	168,581
Other- Exchange traded funds	21,157	40,057
	<u>\$ 301,560</u>	<u>\$ 290,966</u>

During the years ended December 31, 2014 and 2013, the Trust's investments (including investments bought, sold, and held during the year) appreciated in value as follows:

	<u>Safety</u>	<u>Non-Safety</u>	<u>2014</u>	<u>2013</u>
Common stock	\$ 43,421	\$ 5,296	\$ 48,717	\$ 169,726
Corporate bonds	(73,407)	(3,098)	(76,505)	205,229
Mutual funds	(60,717)	(2,187)	(62,904)	15,951
Other- Exchange traded funds	6,137	259	6,396	20,340
Other- Hedge fund	-	-	-	2,034
	<u>\$ (84,566)</u>	<u>\$ 270</u>	<u>\$ (84,296)</u>	<u>\$ 413,280</u>

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 3 – INVESTMENTS - (Continued)

A. General: - (Continued)

The following investments, included above, represent five percent or more of net assets available for benefits of the Trust as of December 31, 2014 and 2013:

<u>Description</u>	<u>2014</u>		<u>2013</u>	
	<u>Fair Value</u>		<u>Fair Value</u>	
	<u>Safety</u>	<u>Non-Safety</u>	<u>Safety</u>	<u>Non-Safety</u>
PIMCO All Asset Inst Class	\$ 364,413	\$ 21,450	\$ 475,137	\$ 21,556

B. Fair Value Measurement:

The Trust has adopted the Fair Value Measurement Topic of the Financial Accounting Standards Board Accounting Standards Codification No. 820 (ASC 820). In accordance with ASC 820, fair value is defined as the price that the Trust would receive upon selling an investment in a timely transaction to an independent buyer in the principal or most advantageous market of the investment. As amended, ASC 820 permits entities to use Net Asset Value (NAV) as a practical expedient to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with the investment company accounting. ASC 820 established a three-tier hierarchy to maximize the use of observable market data and minimize the use of unobservable inputs and to establish classification of fair value measurements for disclosure purposes. Inputs refer broadly to the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk, for example, the risk inherent in a particular valuation technique used to measure fair value including such a pricing model and/or the risk inherent in the inputs to the valuation technique. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The three-tier hierarchy of inputs is summarized in the three broad Levels listed below.

- Level 1 – quoted prices in active markets for identical investments
- Level 2 – other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.)
- Level 3 – significant unobservable inputs (including the Trust's own assumptions in determining the fair value of investments)

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 3 – INVESTMENTS - (Continued)

B. Fair Value Measurement: - (Continued)

The following is a summary of the inputs used as of December 31, 2014 in valuing the Trust's investments carried at fair value:

	Level 1	Level 2	Level 3	Total 2014
<u>Safety:</u>				
Short term investment funds	\$ 76,489	\$ -	\$ -	\$ 76,489
Common stock	392,143	-	-	392,143
Corporate bonds	1,036,524	-	-	1,036,524
<u>Mutual funds:</u>				
Treasury Fund - Capital Reserves CL	254,869	-	-	254,869
AQR Managed Futures Strategy HV CL I	187,329	-	-	187,329
Acquitas International Small Cap Instl	98,344	-	-	98,344
Acquitas US Microcap Institutional Small Cap Instl	106,053	-	-	106,053
PIMCO High Yield Instl	150,570	-	-	150,570
PIMCO All Asset All Authority-Instit CL	364,413	-	-	364,413
PIMCO Commodity Real Return Inst	188,142	-	-	188,142
PIMCO Emerging Mkts Full Spectrum Bond I	288,738	-	-	288,738
Russell Global Equity Class S	103,492	-	-	103,492
Russell Select Internl Equity CL Y	194,374	-	-	194,374
Russell Strategic Call Overwriting FD S	202,980	-	-	202,980
Russell US Small Cap Equity Class I	105,801	-	-	105,801
Russell Short Duration Bond CL S	43,961	-	-	43,961
Russell Emerging Markets S	148,161	-	-	148,161
Russell Global Real Estate Securities S	155,666	-	-	155,666
Russell Global Infrastructure CL S	154,104	-	-	154,104
Stone Ridge Reinsurance Risk Prem I	-	166,805	-	166,805
Stone Ridge High Yld Reinsurance Risk Prem I	-	55,971	-	55,971
Stoneridge US Master Variance Risk Prem I	143,898	-	-	143,898
Stoneridge Reinsurance Risk Prem Interval	-	145,073	-	145,073
Other- Exchange traded funds	359,447	-	-	359,447
Total	<u>\$ 4,755,498</u>	<u>\$ 367,849</u>	<u>\$ -</u>	<u>\$ 5,123,347</u>

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 3 – INVESTMENTS - (Continued)

B. Fair Value Measurement: - (Continued)

	Level 1	Level 2	Level 3	Total 2014
<u>Non-Safety:</u>				
Short term investment funds	\$ 4,502	\$ -	\$ -	\$ 4,502
Common stock	23,081	-	-	23,081
Corporate bonds	61,010	-	-	61,010
<u>Mutual funds:</u>				
Treasury Fund - Capital Reserves CL	15,002	-	-	15,002
AQR Managed Futures Strategy HV CL I	11,027	-	-	11,027
Acquitas International Small Cap Instl	5,789	-	-	5,789
Acquitas US Microcap Institutional Small Cap Instl	6,243	-	-	6,243
PIMCO High Yield Instl	8,863	-	-	8,863
PIMCO All Asset All Authority-Instit CL	21,450	-	-	21,450
PIMCO Commodity Real Return Inst	11,074	-	-	11,074
PIMCO Emerging Mkts Full Spectrum Bond I	16,996	-	-	16,996
Russell Global Equity Class S	6,092	-	-	6,092
Russell Select Interntl Equity CL Y	11,441	-	-	11,441
Russell Strategic Call Overwriting FD S	11,948	-	-	11,948
Russell US Small Cap Equity Class I	6,228	-	-	6,228
Russell Short Duration Bond CL S	2,588	-	-	2,588
Russell Emerging Markets S	8,721	-	-	8,721
Russell Global Real Estate Securities S	9,163	-	-	9,163
Russell Global Infrastructure CL S	9,071	-	-	9,071
Stone Ridge Reinsurance Risk Prem I	-	9,819	-	9,819
Stone Ridge High Yld Reinsurance Risk Prem I	-	3,295	-	3,295
Stoneridge US Master Variance Risk Prem I	8,470	-	-	8,470
Stoneridge Reinsurance Risk Prem Interval	-	8,530	-	8,530
Other- Exchange traded funds	21,157	-	-	21,157
Total	<u>\$ 279,916</u>	<u>\$ 21,644</u>	<u>\$ -</u>	<u>\$ 301,560</u>

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 3 – INVESTMENTS - (Continued)

B. Fair Value Measurement: - (Continued)

The following is a summary of the inputs used as of December 31, 2013 in valuing the Trust's investments carried at fair value:

	Level 1	Level 2	Level 3	Total 2013
<u>Safety:</u>				
Short term investment funds	\$ 154,637	\$ -	\$ -	\$ 154,637
Common stock	510,927	-	-	510,927
Corporate bonds	1,149,069	-	-	1,149,069
<u>Mutual funds:</u>				
AQR Managed Futures Fund CL	206,862	-	-	206,862
PIMCO High Yield Instl	192,743	-	-	192,743
PIMCO All Asset Inst Class	472,267	-	-	472,267
PIMCO Commodity Real Return Inst	121,892	-	-	121,892
PIMCO Emerging Mkts Full Spectrum Bond I	369,093	-	-	369,093
Russell Global Equity Class S	378,373	-	-	378,373
Russell Strategic Call Overwriting FD S	249,583	-	-	249,583
Russell US Small Cap Equity Class I	252,212	-	-	252,212
Russell Short Duration Bond CL S	168,933	-	-	168,933
Russell Emerging Markets S	192,744	-	-	192,744
Russell Global Real Estate Securities S	190,817	-	-	190,817
Russell Global Infrastructure CL S	199,731	-	-	199,731
Stone Ridge Reinsurance Risk Prem I	-	210,000	-	210,000
Stone Ridge High Yld Reinsurance Risk Prem I	-	84,500	-	84,500
Stoneridge US Master Variance Risk Prem I	230,292	-	-	230,292
Stoneridge Reinsurance Risk Prem Interval	-	195,734	-	195,734
Other- Exchange traded funds	882,913	-	-	882,913
Total	\$ 5,923,088	\$ 490,234	\$ -	\$ 6,413,322

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 3 – INVESTMENTS - (Continued)

B. Fair Value Measurement: - (Continued)

	Level 1	Level 2	Level 3	Total 2013
<u>Non-Safety:</u>				
Short term investment funds	\$ 7,016	\$ -	\$ -	\$ 7,016
Common stock	23,180	-	-	23,180
Corporate bonds	52,132	-	-	52,132
<u>Mutual funds:</u>				
AQR Managed Futures Fund CL	9,385	-	-	9,385
PIMCO High Yield Instl	8,745	-	-	8,745
PIMCO All Asset Inst Class	21,426	-	-	21,426
PIMCO Commodity Real Return Inst	5,530	-	-	5,530
PIMCO Emerging Mkts Full Spectrum Bond I	16,745	-	-	16,745
Russell Global Equity Class S	17,166	-	-	17,166
Russell Strategic Call Overwriting FD S	11,323	-	-	11,323
Russell US Small Cap Equity Class I	11,443	-	-	11,443
Russell Short Duration Bond CL S	7,664	-	-	7,664
Russell Emerging Markets S	8,745	-	-	8,745
Russell Global Real Estate Securities S	8,657	-	-	8,657
Russell Global Infrastructure CL S	9,062	-	-	9,062
Stone Ridge Reinsurance Risk Prem I	-	9,528	-	9,528
Stone Ridge High Yld Reinsurance Risk Prem I	-	3,834	-	3,834
Stoneridge US Master Variance Risk Prem I	10,448	-	-	10,448
Stoneridge Reinsurance Risk Prem Interval	-	8,880	-	8,880
Other- Exchange traded funds	40,057	-	-	40,057
Total	\$ 268,724	\$ 22,242	\$ -	\$ 290,966

NOTE 4 – ESTIMATED RECOVERABLE CLAIMS RECEIVABLE

The total recoverable claims paid and outstanding represent liens on participants who owe money to the trust fund for overpaid benefits. The amount for as of December 31, 2014 and 2013 was reduced by an estimate of the recovery rates based upon the Trust's estimate of recent history of recovered claims.

	Safety	Non-Safety	2014	2013
Total recoverable claims paid and outstanding	\$ 1,932,860	\$ 103,112	\$ 2,035,972	\$ 2,423,613
Estimated recovery rate	58%	58%	58%	47%
Total	\$ 1,121,059	\$ 59,805	\$ 1,180,864	\$ 1,139,098

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 5- SELF-FUNDED BENEFIT CLAIMS LIABILITY

The self-funded benefit claims liability, which includes reported and unreported claims, is calculated on the basis of claims incurred through December 31, in accordance with eligibility provisions. Claims reported through December 31, 2014 and 2013 for Safety total \$2,184,000 and \$2,806,253, respectively and for Non-Safety total \$63,000 and \$127,725, respectively. The liabilities for future payment of claims incurred but unreported at December 31, 2014 and 2013 for Safety total \$1,567,500 and \$1,578,390, respectively and for Non-Safety total \$82,500 and \$71,610, respectively; this has been estimated on the basis of statistical lag analysis studies. Given the nature of such analyses, it is reasonably possible that actual claims in the next year might differ from these estimates by amounts that would be material.

The self-funded benefit claims liability composition at December 31, 2014 and 2013 follows:

	<u>Safety</u>	<u>Non-Safety</u>	<u>2014</u>	<u>2013</u>
Long Term Disability Benefit Reserve	\$ 1,684,000	\$ 63,000	\$ 1,747,000	\$ 2,438,978
Long Term Disability Incurred but Not Reported	1,567,500	82,500	1,650,000	1,650,000
Death Benefit Reserve	<u>500,000</u>	<u>-</u>	<u>500,000</u>	<u>495,000</u>
	<u>\$ 3,751,500</u>	<u>\$ 145,500</u>	<u>\$ 3,897,000</u>	<u>\$ 4,583,978</u>

NOTE 6- PROPERTY AND EQUIPMENT

Property and equipment and related accumulated depreciation comprised the following as of December 31, 2014 and 2013:

	<u>Safety</u>	<u>Non-Safety</u>	<u>2014</u>	<u>2013</u>
Office equipment	\$ 35,971	\$ 1,607	\$ 37,578	\$ 29,421
Less accumulated depreciation	<u>(27,047)</u>	<u>(1,220)</u>	<u>(28,267)</u>	<u>(25,996)</u>
Total equipment	<u>\$ 8,924</u>	<u>\$ 387</u>	<u>\$ 9,311</u>	<u>\$ 3,425</u>

NOTE 7 – AGREEMENTS AND TRANSACTIONS WITH PERSONS KNOWN TO BE PARTIES-IN-INTEREST

PORAC is a related party through common membership and management. The Trust also reimburses the actual salaries and related expenses for employees of PORAC solely devoted to the work of the Trust and a percentage of other PORAC employee salaries and expenses based on the work they do for the Trust in the form of an administrative fee.

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 7 – AGREEMENTS AND TRANSACTIONS WITH PERSONS KNOWN TO BE PARTIES-IN-INTEREST - (Continued)

	<u>Safety</u>	<u>Non-Safety</u>	<u>2014</u>	<u>2013</u>
Salaries and related expenses	\$ 399,663	\$ 16,012	\$ 415,675	\$ 409,387
Benefits	97,127	4,221	101,348	111,544
Payroll Tax	33,079	1,396	34,475	34,724
Rent	42,227	1,783	44,010	44,009
Administrative Fee	41,305	1,744	43,049	44,749
Postage	7,497	316	7,813	7,135
Printing	1,868	79	1,947	5,798
	<u>\$ 622,766</u>	<u>\$ 25,551</u>	<u>\$ 648,317</u>	<u>\$ 657,346</u>

The Insurance Committee of PORAC reimburses the Trust for administrative services that the Insurance and Benefit Manager and Administrative Assistant provide for the Insurance Committee. Administrative income from the Insurance Committee for the years ended December 31, 2014 and 2013.

	<u>Safety</u>	<u>Non-Safety</u>	<u>2014</u>	<u>2013</u>
Insurance and Benefits Committee	\$ <u>5,757</u>	\$ <u>243</u>	\$ <u>6,000</u>	\$ <u>6,000</u>

The Safety Plan pays certain expenses on behalf of the Non-Safety Plan for which it is reimbursed. Such expenses include amounts for claims, salaries, professional fees, and direct operating costs of the Trust. As of December 31, 2014 and 2013, the amount of \$78,264 and \$61,492 was due to the Non-Safety Plan, respectively. As of December 31, 2014 and 2013, the amount of \$26,605 and \$0 was due from the Non-Safety Plan, respectively.

NOTE 8 – TRANSFER OF ASSETS

On January 23, 2013 the Board of Trustees approved a split of the plan between safety and non-safety members, effective January 1, 2013. The Safety Plan transferred plan assets to the Non-Safety Plan totaling \$169,206. The transfer was based on 4.34% percent going to the Non-Safety Plan and 95.66% percent staying with the Safety Plan. The initial year allocation is based on the participant count at the beginning of the year 2013 plan year.

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 9 – OPERATING LEASE

Effective July 1, 2013, the Trust entered into a 63 month lease for a copier from US Bank used in its operations under an operating lease. According to the lease agreement, payments are \$144 plus applicable taxes and a property damage surcharge. At December 31, 2014, the future minimum lease payments are as follows:

2015	\$	1,728
2016		1,728
2017		1,728
2018		1,440
	\$	<u>6,624</u>

NOTE 10 – CONCENTRATION OF CREDIT RISK

The following footnote is a general description of the deposit insurance as outlined by The Federal Deposit Insurance Corporation (FDIC). The FDIC is an independent agency of the United States government that protects against the loss of insured deposits if an FDIC insured bank or savings association fails. Effective July 21, 2010, the FDIC deposit insurance coverage permanently increased to \$250,000 per depositor. For some employee benefit plans, the FDIC provides coverage known as “pass-through” insurance in which the coverage passes through the plan administrator to each participant’s interest or share. Additionally, the FDIC established the Temporary Liquidity Guarantee Program (TLG Program). The TLG Program provides an unlimited coverage for noninterest-bearing transaction accounts. This coverage became effective October 14, 2008 and will continue through December 31, 2010. Section 343 of the Dodd-Frank Wall Street Reform and Consumer Protection Act extended the unlimited coverage from December 31, 2010 through December 31, 2012. Effective January 1, 2013, noninterest-bearing transaction accounts will be added to any of a depositor’s other accounts at the same FDIC-insured depository institution, and the aggregate balance insured up to at least the standard maximum deposit insurance amount of \$250,000. The rules are a general description and may be applied differently to specific Trust Funds and specific situations.

NOTE 11 – RISKS AND UNCERTAINTIES

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

**INSURANCE AND BENEFITS TRUST OF THE PEACE
OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA
NOTES TO THE FINANCIAL STATEMENTS- (Continued)**

NOTE 12 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through the date on which the financial statements were available to be issued. This date is approximately the same as the independent auditor's report date. Management has concluded that no material subsequent events have occurred since December 31, 2014 that required recognition or disclosure in the financial statements.



December 1, 2014 - December 31, 2014

Brokerage 648-512249 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC
Separate Account Manager: CARRET ASSET MANAGEMENT, LLC - CUSTOM TAXABLE BOND

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December 1, 2014 - December 31, 2014

Brokerage 648-512249 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: CARRET ASSET MANAGEMENT, LLC - CUSTOM TAXABLE BOND

Holdings	(Symbol) as of December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 1, 2014	Total Value December 31, 2014
GENERAL ELEC CAP CORP MTN BE	50,753.07		50,000.000	107.481	54,199.00	53,740.50
5.37500% 10/20/2016						
FIXED COUPON						
MOODY'S A1 S&P AA+						
SEMIANNUALLY						
AI: \$530.03						
EAI: \$2,687.50						
CUSIP: 36962GY40						
HEWLETT PACKARD CO NOTES	35,682.17		35,000.000	107.950	38,023.30	37,782.50
5.400% 03/01/2017						
FIXED COUPON						
MOODY'S Baa1 S&P BBB+						
SEMIANNUALLY						
MAKE WHOLE CALL						
AI: \$630.00						
EAI: \$1,890.00						
CUSIP: 428236AM5						
JANUS CAP GROUP INC CR SEN SR GLBL	36,558.24		35,000.000	110.600	39,020.62	38,710.14
6.70000% 06/15/2017						
VARIABLE COUPON						
MOODY'S Baa3 S&P BBB-						
SEMIANNUALLY						
MAKE WHOLE CALL						
CUSIP: 47102XAF2						
EXELON GENERATION CO LLC NOTE	36,730.65		35,000.000	111.122	39,316.55	38,892.70
6.200% 10/01/2017						
FIXED COUPON						
MOODY'S Baa2 S&P BBB						
SEMIANNUALLY						
MAKE WHOLE CALL						
AI: \$542.50						
EAI: \$2,170.00						
CUSIP: 30161MAE3						



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December 1, 2014 - December 31, 2014

Brokerage 648-512249 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: CARRET ASSET MANAGEMENT, LLC - CUSTOM TAXABLE BOND

Holdings (Symbol) as of December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value	
				December 1, 2014	December 31, 2014
NYSE EURONEXT SR NT 2.00000% 10/05/2017 FIXED COUPON MOODYS A2 S&P A SEMIANNUALLY MAKE WHOLE CALL AI: \$238.89 EAI: \$1,000.00 CUSIP: 629491AB7	47,622.82	50,000.000	100.852	50,870.50	50,426.00
NASDAQ OMX GROUP INC CR SEN 5.25000% 01/16/2018 VARIABLE COUPON MOODYS Baa3 S&P BBB- SEMIANNUALLY MAKE WHOLE CALL CUSIP: 631103AE8	35,977.68	35,000.000	108.844	38,348.45	38,095.40
COMPUTER SCIENCES CORP 6.50000% 03/15/2018 FIXED COUPON MOODYS Baa2 S&P BBB+ SEMIANNUALLY MAKE WHOLE CALL AI: \$669.86 EAI: \$2,275.00 CUSIP: 205363AL8	36,948.48	35,000.000	111.781	39,383.05	39,123.35
HUMANA INC NOTE CALL MAKE WHOLE 07.20000% 06/15/2018 FIXED COUPON MOODYS Baa3 S&P BBB+ SEMIANNUALLY MAKE WHOLE CALL AI: \$112.00 EAI: \$2,520.00 CUSIP: 444859AY8	38,613.76	35,000.000	116.819	40,993.40	40,886.65



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December 1, 2014 - December 31, 2014

Brokerage 648-512249 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: CARRET ASSET MANAGEMENT, LLC - CUSTOM TAXABLE BOND

Holdings	(Symbol) as of December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 31, 2014	Total Value December 31, 2014
EDWARDS LIFESCIENCES COR BOND		33,508.52	35,000.000	101.374	35,803.25	35,480.90
02.87500% 10/15/2018						
FIXED COUPON						
MOODY'S Baa3 S&P BBB-						
SEMIANNUALLY						
MAKE WHOLE CALL						
AI: \$212.43						
EAI: \$1,006.24						
CUSIP: 28176EAC2						
BOTTLING GROUP LLC		52,790.63	50,000.000	111.796	56,278.00	55,898.00
05.12500% 01/15/2019						
FIXED COUPON						
MOODY'S A1 S&P A						
SEMIANNUALLY						
MAKE WHOLE CALL						
AI: \$1,181.60						
EAI: \$2,562.50						
CUSIP: 10138MAK1						
FEDERAL NATL MTG ASSN		23,968.42	25,000.000	101.517	25,393.75	25,379.25
1.87500% 02/19/2019						
FIXED COUPON						
MOODY'S Aaa S&P AA+						
SEMIANNUALLY						
AI: \$171.87						
EAI: \$468.74						
CUSIP: 3135G0ZA4						
GOLDMAN SACHS GRP INC MTN BE		65,505.98	60,000.000	115.603	69,506.40	69,361.80
6.00000% 06/15/2020						
FIXED COUPON						
MOODY'S Baa1 S&P A-						
SEMIANNUALLY						
AI: \$160.00						
EAI: \$3,600.00						
CUSIP: 38141EA66						



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December 1, 2014 - December 31, 2014

Brokerage 648-512249 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: CARRET ASSET MANAGEMENT, LLC - CUSTOM TAXABLE BOND

Holdings	(Symbol) as of December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 1, 2014	Total Value December 31, 2014
FEDERAL HOME LOAN BANKS		50,231.56	55,000.000	96.706	53,499.05	53,188.30
1.64500% 12/28/2020 FIXED COUPON MOODY'S Aaa S&P AA+ SEMIANNUALLY NEXT CALL DATE 01/07/2015 AI: \$7.54 EAI: \$904.74 CUSIP: 313381J71						
PETROBRAS INTL FIN CO 5.37500% 01/27/2021 FIXED COUPON MOODY'S Baa2 S&P BBB- SEMIANNUALLY MAKE WHOLE CALL AI:- EAI:- CUSIP: 71645WAR2	30,627.17		35,000.000	92.657	34,848.80	32,429.95
TEVA PHARMACEUTICAL FINANCE CO BV NOTE 3.65000% 11/10/2021 FIXED COUPON MOODY'S A3 S&P A- SEMIANNUALLY MAKE WHOLE CALL AI:- EAI:- CUSIP: 88165FAF9	38,710.23		40,000.000	102.472	41,126.80	40,988.80
AMGEN INC NOTE 03.87500% 11/15/2021 FIXED COUPON MOODY'S Baa1 S&P A SEMIANNUALLY NEXT CALL DATE 08/15/2021 CONT CALL 08/15/2021 MAKE WHOLE CALL AI: \$321.84 EAI: \$2,518.74 CUSIP: 031162BM1	64,855.61		65,000.000	105.651	68,775.20	68,673.15



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December 1, 2014 - December 31, 2014

Brokerage 648-512249 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: CARRET ASSET MANAGEMENT, LLC - CUSTOM TAXABLE BOND

Holdings	(Symbol) as of December 31, 2014	Safety	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 1, 2014	Total Value December 31, 2014
BP CAP MKTS P L C SR NT	3,24500% 05/06/2022	37,135.71		40,000.000	98.304	39,871.60	39,321.60
FIXED COUPON							
MOODY'S A2 S&P A							
SEMIANNUALLY							
MAKE WHOLE CALL							
AI:-							
EAI:-							
CUSIP: 05565QBZ0							
VERISK ANALYTICS INC SR NT	4.12500% 09/12/2022	34,065.81		35,000.000	103.060	36,274.00	36,071.00
FIXED COUPON							
MOODY'S Baa3 S&P BBB-							
SEMIANNUALLY							
MAKE WHOLE CALL							
AI: \$437.14							
EAI: \$1,443.74							
CUSIP: 92345YAC0							
NIKE INC BOND	02.25000% 05/01/2023	50,441.93		55,000.000	97.111	53,219.65	53,411.05
FIXED COUPON							
MOODY'S A1 S&P AA-							
SEMIANNUALLY							
NEXT CALL DATE	02/01/2023						
CONT CALL 02/01/2023							
MAKE WHOLE CALL							
AI: \$206.25							
EAI: \$1,237.50							
CUSIP: 654106AC7							



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Investment Report

December 1, 2014 - December 31, 2014

Brokerage 648-512249 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: CARRET ASSET MANAGEMENT, LLC - CUSTOM TAXABLE BOND

Holdings	(Symbol) as of December 31, 2014	Safety	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 1, 2014	Total Value December 31, 2014
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LEUCADIA NATIONAL CORP		38,687.57		40,000.000	102.412	42,168.00	40,964.80
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05.50000% 10/18/2023

FIXED COUPON

MOODY'S Baa2 S&P BBB-

SEMIANNUALLY

NEXT CALL DATE

01/18/2023

CONT CALL 01/18/2023

MAKE WHOLE CALL

AI: \$446.11

EAI: \$2,209.00

CUSIP: 527288BE3

CITIGROUP INC SR GBL NT

3.87500% 10/25/2023

FIXED COUPON

MOODY'S Baa2 S&P A-

SEMIANNUALLY

AI: \$284.17

EAI: \$1,550.00

CUSIP: 172967HD6

MOTOROLA SOLUTIONS INC

04.00000% 09/01/2024

FIXED COUPON

MOODY'S Baa2 S&P BBB

SEMIANNUALLY

MAKE WHOLE CALL

AI: \$586.67

EAI: \$1,653.33

CUSIP: 620076BF5

Subtotal of Bonds

1,045,816.34

Core Account 1% of holdings

FIDELITY CASH RESERVES (FDRXX)

10,510.48 7-day yield: 0.01%

11,129.150

6,444.17

11,129.15



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Investment Report

December 1, 2014 - December 31, 2014

Brokerage 648-512249 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: CARRET ASSET MANAGEMENT, LLC - CUSTOM TAXABLE BOND

Holdings	(Symbol) as of December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 1, 2014	Total Value December 31, 2014
Subtotal of Core Account						11,129.15

Total

\$1,056,945.49

All positions held in cash account unless indicated otherwise.

-- not available

AI (Accrued Interest) - Presented for domestic fixed income securities and represents interest accumulated since the last coupon date, but not yet paid by the issuer or received by NFS. AI is calculated for the following securities: fixed rate bonds and Certificates of Deposit (CDs). **There is no guarantee that AI will be paid by the issuer.** AI for treasury and GNMA securities, however, is backed by the full faith and credit of the United States Government. AI totals represent accruals for only those securities with listed AI in the Holdings section of this statement. Please refer to the Help/Glossary section of Fidelity.com for additional information.

Estimated Annual Income (EAI) & Estimated Yield (EY) - EAI is an estimate of annual income for a specific security position over the next rolling 12 months. EY is calculated by dividing the current EAI for a security position by its statement closing date market value. EY reflects only the income generated by an investment; it does not reflect changes in its price, which may fluctuate. For certain types of securities, EAI and EY could include the return of principal or capital gains which would render them overstated. EAI and EY are estimates provided for informational purposes only and should not be relied on for making investment, trading, or tax decisions. There is no guarantee that your investments will actually generate the EAI or EY presented. Actual income and yield might be lower or higher. EAI and EY should not be confused with a security's 30-day Yield or 7-day Yield, if provided, as such yield quotations reflect the actual historical performance of a security. **For additional information, including calculation details, refer to the "Additional Information and Endnotes" section at the end of your statement.**



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Investment Report

December 1, 2014 - December 31, 2014

Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC
Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Account Summary

Income Summary		
Beginning value as of Dec 1	\$423,510.99	Year to Date
Other Tax Withheld	-2.51	\$871.40
Transaction costs, loads and fees	-0.76	\$7,693.62
Change in investment value	-620.88	
Ending value as of Dec 31	\$422,886.84 x 94.441% = 399,378.56	

Accrued Interest (AI) \$0.00
Change in AI from last statement \$0.00

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800-544-6666. Brokerage Accounts carried with National Financial Services LLC, Member NYSE, SIPC

Holdings (Symbol) as of December 31, 2014

Stocks 97% of holdings			
Safety	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014
AMDOCS LTD ORD GBP0.01 (DOX)	484.67	11,000	\$46.655
ACCENTURE PLC CLS A USD0.0000225 (ACN)	590.42	7,000	89.310
EAI: \$14.28, EY: 2.28%			
COVIDIEN PLC USD0.20 (COV)	1,835.29	19,000	102.280
EAI: \$27.36, EY: 1.41%			
WEATHERFORD INTL PLC ORD SHS	1,459.82	135,000	11.450
ISIN #IE00BLNN3691 SEDOL #BLNN369 (WFT)			
INVESCO LTD COM STK USD0.20 (IVZ)	1,418.28	38,000	39.520
EAI: \$38.00, EY: 2.53%			
LIBERTY GLOBAL PLC COM USD0.01 C (LBTYK)	1,870.60	41,000	48.310
NABORS INDUSTRIES LTD SHS	600.66	49,000	12.980
ISIN #BMG6359F1032 SEDOL #2963372 (NBR)			
EAI: \$11.76, EY: 1.85%			
TYCO INTERNATIONAL PLC EUR1.00	1,863.98	45,000	43.860
ISIN #IE00BQRQXQ92 SEDOL #BQRQXQ9 (TYC)			
EAI: \$32.40, EY: 1.64%			
PERRIGO COMPANY PLC COM EUR0.001 (PRGO)	1,736.54	11,000	167.160



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December 1, 2014 - December 31, 2014

Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol) as of December 31, 2014		Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 31, 2014	Total Value December 31, 2014
ACE LIMITED ORD CHF25.40		2,495.36	23,000	114.880	2,744.16	2,642.24
ISIN #CH0044328745 SEDOL #B38QMF6 (ACE)						
EAI: \$59.80, EY: 2.26%						
CORE LABORATORIES NV ORD EUR0.02 (CLB)		1,022.85	9,000	120.340	1,288.30	1,083.06
EAI: \$18.00, EY: 1.66%						
NXP SEMICONDUCTORS NV (NXPI)		721.53	10,000	76.400		764.00
SENSATA TECHNOLOGIES HLDGS NV COM EUR0.01 (ST)		3,662.74	74,000	52.410	3,668.18	3,878.34
ROYAL CARIBBEAN CRUISES COM USD0.01 (RCL)		1,245.56	16,000	82.430	1,179.84	1,318.88
EAI: \$19.20, EY: 1.46%						
AGCO CORP (AGCO)		1,152.56	27,000	45.200	632.85	1,220.40
EAI: \$11.88, EY: 0.97%						
AT&T INC COM ISIN #US00206R1023		1,554.41	49,000	33.590	1,733.62	1,645.91
SEDOL #2831811 (T)						
EAI: \$92.12, EY: 5.60%						
ABBOTT LABORATORIES (ABT)		1,530.62	36,000	45.020	1,602.36	1,620.72
EAI: \$34.56, EY: 2.13%						
ABBVIE INC COM USD0.01 (ABBV)		1,792.26	29,000	65.440	2,006.80	1,897.76
EAI: \$56.84, EY: 3.00%						
ADOBE SYS INC (ADBE)		1,785.12	26,000	72.700	1,915.68	1,890.20
AFFILIATED MANAGERS GROUP (AMG)		1,202.65	6,000	212.240		1,273.44
AIR PRODUCTS & CHEM (APD)		1,906.97	14,000	144.230	2,013.62	2,019.22
EAI: \$43.12, EY: 2.14%						
ALEXION PHARM INC. (ALXN)		2,271.67	13,000	185.030	2,533.70	2,405.39
ALIBABA GROUP HLDG LTD		1,374.27	14,000	103.940	1,562.96	1,455.16
SPONSORED ADS (BABA)						
ALLERGAN INC (AGN)		3,212.35	16,000	212.590	4,063.91	3,401.44
ALLY FINANCIAL INC COM USD0.01 (ALLY)		1,673.02	75,000	23.620	1,783.50	1,771.50
ALTRIA GROUP INC (MO)		1,907.77	41,000	49.270	2,060.66	2,020.07
EAI: \$85.28, EY: 4.22%						
AMAZON.COM INC (AMZN)		586.20	2,000	310.350		620.70
AMERICAN EXPRESS CO (AXP)		2,284.57	26,000	93.040	2,402.92	2,419.04
EAI: \$27.04, EY: 1.12%						



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Investment Report

December 1, 2014 - December 31, 2014

Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol) as of December 31, 2014	Performance December 31, 2014	Safety	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value	
					December 1, 2014	December 31, 2014
AMERICAN INTL GROUP INC COM NEW (AIG) EAI: \$48.50, EY: 0.89%	5,130.95		97,000	56.010	5,315.60	5,432.97
AMERISOURCEBERGEN CORP (ABC) AMERIPRISE FINL INC COM (AMP) EAI: \$16.24, EY: 1.75%	596.04 874.29		7,000 7,000	90.160 132.250	637.35 922.39	631.12 925.75
AMETEK INC NEW (AME) AMGEN INC (AMGN) EAI: \$44.24, EY: 1.98%	497.04 2,106.09		10,000 14,000	52.630 159.290	509.60 2,314.34	526.30 2,230.06
ANALOG DEVICES INC COM ISIN #US0326541051 SEDOL #2032067 (ADI) EAI: \$63.64, EY: 2.67%	2,254.65		43,000	55.520	2,349.52	2,387.36
ANHEUSER BUSCH INBEV SANV SPONSORED ADR ISIN #US03524A1088 SEDOL #B3P93Y7 (BUD) EAI: \$48.59, EY: 2.88%	1,591.14		15,000	112.320	1,871.84	1,684.80
ANTHEM INC COM ISIN #US0367521038 SEDOL #BSPHGL4 (ANTM) EAI: \$36.75, EY: 1.39%	2,492.36		21,000	125.670	4,221.03	2,639.07
APPLE INC (AAPL) EAI: \$33.84, EY: 1.70%	1,876.39		18,000	110.380	2,140.74	1,986.84
AUTOMATIC DATA PROCESSING INC (ADP) EAI: \$15.68, EY: 2.35%	629.88		8,000	83.370	685.12	666.96
AVNET INC (AVT) EAI: \$27.52, EY: 1.49%	1,747.03		43,000	43.020	1,882.97	1,849.86
AXIALL CORP COM USD0.01 (AXLL) EAI: \$28.80, EY: 1.51%	1,804.91		45,000	42.470	1,947.60	1,911.15
BP PLC ADR (CNV INTO 6 ORD USD0.25 SHS) (BP) EAI: \$196.80, EY: 6.30%	2,952.07		82,000	38.120	3,224.24	3,125.84
BAIDU INC SPON ADR REP A ISIN #US0567521085 SEDOL #B0FXT17 (BIDU) EAI: \$82.20, EY: 1.12%	1,076.49		5,000	227.970	735.33	1,139.85
BANK OF AMERICA CORP (BAC) EAI: \$82.20, EY: 1.12%	6,944.05		411,000	17.890	7,003.44	7,352.79
BAXTER INTL INC (BAX)	276.86		4,000	73.290	365.00	293.16



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Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol as of December 31, 2014)		Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 31, 2014	Total Value December 31, 2014
B/E AEROSPACE INC COM		1,753.43	32,000	58.020	2,336.10	1,856.64
ISIN #US0733021010 SEDOL #2089427 (BEAV)						
BECTON DICKINSON CO (BDX)		657.12	5,000	139.160	701.65	695.80
EAI: \$12.00, EY: 1.72%						
BERKSHIRE HATHAWAY INC DEL CL B NEW (BRKB)		4,395.90	31,000	150.150	4,609.39	4,654.65
BIOMGEN IDEC INC (BIIB)		1,923.48	6,000	339.450	1,846.14	2,036.70
BLACKROCK INC (BLK)		1,013.05	3,000	357.560	1,795.40	1,072.68
EAI: \$23.16, EY: 2.16%						
BROADCOM CORP CL A (BRCM)		1,063.95	26,000	43.330	1,121.38	1,126.58
EAI: \$12.48, EY: 1.11%						
BROWN FORMAN CORP CL B		497.74	6,000	87.840	582.30	527.04
ISIN #US1156372096 SEDOL #2146838 (BFB)						
CDK GLOBAL INC COM USD0.01 (CDK)		115.48	3,000	40.760	114.21	122.28
CRH SPON ADR EA REPR 1 ORD SHS EUR0.32 (CRH)		1,496.57	66,000	24.010	1,310.96	1,584.66
EAI: \$55.38, EY: 3.49%						
CVS HEALTH CORP COM (CVS)		5,002.59	55,000	96.310	5,024.80	5,297.05
EAI: \$77.00, EY: 1.45%						
CALIFORNIA RES CORP COM		78.06	15,000	5.510		82.65
ISIN #US13057Q1076 SEDOL #BRJ3H52 (CRC)						
CALPINE CORP COM NEW (CPN)		2,236.28	107,000	22.130	2,456.72	2,367.91
CAPITAL ONE FINANCIAL CORP (COF)		2,884.56	37,000	82.550	3,161.60	3,054.35
EAI: \$44.40, EY: 1.45%						
CARDINAL HEALTH INC (CAH)		1,753.57	23,000	80.730	1,890.37	1,856.79
EAI: \$31.51, EY: 1.70%						
CELGENE CORP (CELG)		4,225.67	40,000	111.860	4,547.60	4,474.40
CERNER CORP (CERN)		366.39	6,000	64.660	386.40	387.96
CHESAPEAKE ENERGY CORPORATION		2,014.55	109,000	19.570	668.58	2,133.13
OKLAHOMA (CHK)						
EAI: \$38.15, EY: 1.79%						
CHEVRON CORP NEW (CVX)		2,648.60	25,000	112.180	2,177.40	2,804.50
EAI: \$107.00, EY: 3.82%						
CHICAGO BRIDGE & IRON COMPANY N.V.		555.05	14,000	41.980		587.72
EUR0.01 (REG) (CBI)						



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Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC**Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA**

Holdings (Symbol) as of December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value	
				December 31, 2014	December 31, 2014
CHURCH & DWIGHT INC (CHD)	595.43	8,000	78.810	613.68	630.48
CINCINNATI FINL CORP (CINF)	146.85	3,000	51.830	152.85	155.49
CISCO SYS INC COM ISIN #US17275R1023	866.86	33,000	27.815	912.12	917.89
SEDOL #2198163 (CSCO)					
EAI: \$25.08, EY: 2.73%					
CITIGROUP INC COM NEW (C)	3,423.84	67,000	54.110	3,184.23	3,625.37
CLOROX CO DEL (CLX)	492.08	5,000	104.210	508.10	521.05
EAI: \$14.80, EY: 2.84%					
COCA COLA CO (KO)	956.95	24,000	42.220	1,075.92	1,013.28
EAI: \$29.28, EY: 2.89%					
COGNIZANT TECH SOLUTIONS CORP (CTSH)	2,088.77	42,000	52.660	2,267.58	2,211.72
COLGATE-PALMOLIVE CO (CL)	653.44	10,000	69.190	695.90	691.90
EAI: \$14.40, EY: 2.08%					
COMCAST CORP NEW CL A (CMCSA)	1,533.99	28,000	58.010	1,597.12	1,624.28
EAI: \$25.20, EY: 1.55%					
COMCAST CORP NEW CL A SPL (CMCSK)	3,533.72	65,000	57.565	3,692.65	3,741.72
EAI: \$58.50, EY: 1.56%					
COMMUNITY HEALTH SYS INC NEW (CYH)	1,782.29	35,000	53.920	1,600.72	1,887.20
CONOCOPHILLIPS (COP)	2,478.40	38,000	69.060	2,510.66	2,624.28
EAI: \$110.96, EY: 4.23%					
COSTCO WHOLESALE CORP (COST)	803.22	6,000	141.750	852.72	850.50
DANAHER CORP (DHR)	647.56	8,000	85.710	668.48	685.68
DELTA AIR LINES INC DEL COM NEW (DAL)	2,973.15	64,000	49.190	1,680.12	3,148.16
EAI: \$23.04, EY: 0.73%					
DENTSPLY INTL INC (NEW) (XRAY)	503.09	10,000	53.270	549.80	532.70
DEVON ENERGY CORP NEW (DVN)	1,849.83	32,000	61.210	1,887.04	1,958.72
EAI: \$30.72, EY: 1.57%					
DISNEY WALT CO (DIS)	1,067.45	12,000	94.190	1,110.12	1,130.28
EAI: \$13.80, EY: 1.22%					
DISCOVERY COMMUNICATIONS INC	553.09	17,000	34.450	593.30	585.65
NEW COM SER A (DISCA)					
DISCOVERY COMMUNICATIONS INC	541.37	17,000	33.720	578.17	573.24
NEW COM SER C (DISCK)					



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Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol) as of December 31, 2014		Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 31, 2014	Total Value December 31, 2014
Safety						
DOLLAR GEN CORP NEW COM		1,068.32	16,000	70.700	1,067.84	1,131.20
ISIN #US2566771059 SEDOL #B5B1S13 (DG)						
DOLLAR TREE INC COM ISIN #US2567461080		1,994.03	30,000	70.380	2,050.80	2,111.40
SEDOL #2272476 (DLTR)						
DOW CHEMICAL CO (DOW)		2,541.40	59,000	45.610	2,871.53	2,690.99
EAI: \$99.12, EY: 3.68%						
DU PONT E I DENEMOURS & CO (DD)		349.15	5,000	73.940	357.00	369.70
E M C CORP MASS (EMC)		3,033.37	108,000	29.740	3,277.80	3,211.92
EAI: \$49.68, EY: 1.55%						
ECOLAB INC (ECL)		2,467.74	25,000	104.520	1,852.15	2,613.00
EAI: \$33.00, EY: 1.26%						
EMERSON ELECTRIC CO (EMR)		524.69	9,000	61.730	573.75	555.57
EAI: \$16.92, EY: 3.05%						
ENERGY CORP NEW (ETR)		1,569.72	19,000	87.480	1,594.10	1,662.12
EAI: \$63.08, EY: 3.80%						
EXPEDITORS INTL WASH INC (EXPD)		421.30	10,000	44.610	608.66	446.10
EXXON MOBIL CORP (XOM)		2,968.56	34,000	92.450	3,078.36	3,143.30
EAI: \$93.84, EY: 2.99%						
FMC CORP NEW (FMC)		377.02	7,000	57.030	380.80	399.21
FIDELITY NATIONAL INFORMATION SERVICES INC (FIS)		469.94	8,000	62.200	489.52	497.60
FISERV INC (FISV)		469.17	7,000	70.970	500.43	496.79
FORD MTR CO DEL COM (F)		2,561.71	175,000	15.500	2,752.75	2,712.50
EAI: \$87.50, EY: 3.23%						
GAP INC DEL COM ISIN #US3647601083		1,113.53	28,000	42.110	1,108.80	1,179.08
SEDOL #2360326 (GPS)						
EAI: \$24.64, EY: 2.09%						
GENERAL DYNAMICS CRP (GD)		3,119.27	24,000	137.620	3,488.64	3,302.88
EAI: \$59.52, EY: 1.80%						
GENERAL ELECTRIC CO (GE)		2,338.79	98,000	25.270	3,470.19	2,476.46
EAI: \$90.16, EY: 3.64%						
GENERAL MILLS INC (GIS)		503.65	10,000	53.330	527.50	533.30
EAI: \$16.40, EY: 3.08%						



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Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol) as of December 31, 2014		Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 31, 2014	Total Value December 31, 2014
GENERAL MTRS CO COM ISIN #US37045V1008		Safety 2,208.95	67,000	34.910	2,239.81	2,338.97
SEDOL #B3SMT78 (GM)						
EAI: \$80.40, EY: 3.44%						
GENUINE PARTS CO (GPC)		603.87	6,000	106.570	719.46	639.42
EAI: \$13.80, EY: 2.16%						
GENWORTH FINL INC COM CL A		1,854.35	231,000	8.500	2,099.79	1,963.50
ISIN #US37247D1063 SEDOL #B011WL6 (GNW)						
GOLDMAN SACHS GROUP INC (GS)		4,027.21	22,000	193.830	4,521.84	4,264.26
EAI: \$52.80, EY: 1.24%						
GOOGLE INC CL A (GOOGL)		1,002.32	2,000	530.660	1,098.16	1,061.32
GOOGLE INC CL C (GOOG)		2,982.82	6,000	526.400	3,250.98	3,158.40
GRAINGER W W INC (GWW)		481.44	2,000	254.890	491.36	509.78
HALLIBURTON CO HOLDING CO FRMLY		1,968.61	53,000	39.330	1,772.40	2,084.49
HALLIBURTON CO (HAL)						
EAI: \$38.16, EY: 1.83%						
HARTFORD FINL SVCS GROUP INC (HIG)		1,968.62	50,000	41.690	2,147.60	2,084.50
EAI: \$36.00, EY: 1.73%						
HERSHEY CO (HSY)		494.47	6,000	103.930	601.68	623.58
EAI: \$12.84, EY: 2.06%						
HEWLETT PACKARD CO COM		2,236.05	59,000	40.130	2,460.78	2,367.67
ISIN #US4282361033 SEDOL #2424006 (HPQ)						
EAI: \$37.76, EY: 1.59%						
HOME DEPOT INC COM ISIN #US4370761029		991.35	10,000	104.970	994.00	1,049.70
SEDOL #2434209 (HD)						
EAI: \$18.80, EY: 1.79%						
HONEYWELL INTL INC (HON)		8,398.52	89,000	99.920	8,817.23	8,892.88
EAI: \$184.23, EY: 2.07%						
HORMEL FOODS CORP COM		492.04	10,000	52.100	530.80	521.00
ISIN #US4404521001 SEDOL #2437264 (HRL)						
HUNT J B TRANS SVCS INC COM		556.97	7,000	84.250	660.24	589.75
ISIN #US4456581077 SEDOL #2445416 (JBHT)						
ILLINOIS TOOL WORKS (ITW)		2,772.50	31,000	94.700	2,942.83	2,935.70
EAI: \$60.14, EY: 2.05%						



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Brokerage 648-51257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol) as of December 31, 2014	Safety	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value	
					December 31, 2014	December 31, 2014
INTEL CORP (INTC)	3,050.26		89,000	36.290	3,315.25	3,229.81
EAI: \$80.10, EY: 2.48%						
INTERCONTINENTAL EXCHANGE INC COM	2,278.10		11,000	219.290	1,807.92	2,412.19
USD0.01 (ICE)						
EAI: \$28.60, EY: 1.19%						
INTUIT COM ISIN #US4612021034	2,176.63		25,000	92.190	2,346.75	2,304.75
SEDOL #2459020 (INTU)						
EAI: \$25.00, EY: 1.08%						
JPMORGAN CHASE & CO (JPM)	8,569.67		145,000	62.580	8,963.84	9,074.10
EAI: \$232.00, EY: 2.56%						
JOHNSON & JOHNSON (JNJ)	4,641.58		47,000	104.570	5,196.00	4,914.79
EAI: \$131.60, EY: 2.68%						
KLX INC COM ISIN #US4825391034	623.31		16,000	41.250		660.00
SEDOL #BT6T3G0 (KLXI)						
KENAMETAL INC (KMT)	1,385.82		41,000	35.790	1,509.62	1,467.39
EAI: \$29.52, EY: 2.01%						
KIMBERLY CLARK CORP (KMB)	545.59		5,000	115.540	699.54	577.70
EAI: \$16.80, EY: 2.91%						
LAS VEGAS SANDS CORP (LVS)	988.68		18,000	58.160	1,146.42	1,046.88
EAI: \$36.00, EY: 3.44%						
ESTEE LAUDER COMPANIES INC CL A (EL)	503.75		7,000	76.200	518.98	533.40
LENNAR CORP CL A (LEN)	804.06		19,000	44.810	897.56	851.39
LILLY ELI & CO (LLY)	716.70		11,000	68.990	749.32	758.89
EAI: \$22.00, EY: 2.90%						
LINEAR TECHNOLOGY CORP (LLTC)	559.85		13,000	45.600	598.39	592.80
EAI: \$14.04, EY: 2.37%						
LOEWS CORP (L)	2,261.99		57,000	42.020	2,373.48	2,395.14
EAI: \$14.25, EY: 0.59%						
MARATHON OIL CORP ISIN #US5658491064	320.61		12,000	28.290	925.44	339.48
SEDOL #2910970 (MRO)						
EAI: \$10.08, EY: 2.97%						
MARKEL CORP HLDG CO (MKL)	1,934.64		3,000	682.840	2,090.34	2,048.52



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Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol as of December 31, 2014)	Safety	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value	
					December 1, 2014	December 31, 2014
MARSH & MCLENNAN COS (MMC) EAI: \$12.32, EY: 1.96%	594.64		11,000	57.240	622.49	629.64
MASTERCARD INC CL A (MA) EAI: \$17.92, EY: 0.74%	2,278.37		28,000	86.160	2,444.12	2,412.48
MATTEL INC (MAT) EAI: \$22.80, EY: 4.91%	438.37		15,000	30.945	473.25	464.17
MAXIM INTEGRATED PRODS INC (MXIM) EAI: \$15.68, EY: 3.51%	421.38		14,000	31.870	532.26	446.18
MCCORMICK & CO INC COM NON VTG ISIN #US5797802064 SEDOL #25550161 (MKC) EAI: \$11.20, EY: 2.15%	491.19		7,000	74.300	520.31	520.10
MCDONALDS CORP (MCD) EAI: \$27.20, EY: 3.63%	707.93		8,000	93.700	774.48	749.60
MEDTRONIC INC (MDT) EAI: \$61.00, EY: 1.69%	3,409.32		50,000	72.200	3,693.50	3,610.00
MERCK & CO INC NEW COM (MRK) EAI: \$120.60, EY: 3.17%	3,593.41		67,000	56.790	4,046.80	3,804.93
METLIFE INC COM (MET) EAI: \$116.20, EY: 2.59%	4,239.90		83,000	54.090	4,615.63	4,489.47
METTLER-TOLEDO INTL (MTD) MICROSOFT CORP (MSFT) EAI: \$106.64, EY: 2.67%	2,570.82 3,772.63		9,000 86,000	302.460 46.450	2,639.34 4,207.28	2,722.14 3,994.70
MICROCHIP TECHNOLOGY INC COM ISIN #US5950171042 SEDOL #2592174 (MCHP) EAI: \$14.26, EY: 3.16%	426.02 2,161.25		10,000 63,000	45.110 36.325	451.50 2,469.60	451.10 2,288.47
MONDELEZ INTL INC COM (MDLZ) EAI: \$37.80, EY: 1.65%	2,030.92		18,000	119.470	2,158.38	2,150.46
MONSANTO CO NEW (MON) EAI: \$35.28, EY: 1.64%	1,432.58		14,000	108.350	1,570.10	1,516.90
MONSTER BEVERAGE CORP USD0.005 ISIN #US6117401017 SEDOL #B6X2H81 (MNST) NCR CORP (NCR)	1,843.85		67,000	29.140	1,423.20	1,952.38



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Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol) as of December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 31, 2014	Total Value December 31, 2014
NETAPP INC COM ISIN #US64110D1046	1,761.56	45,000	41.450	1,914.75	1,865.25
SEDOL #2630643 (NTAP)					
EAI: \$29.70, EY: 1.59%					
NEWMONT MNG CORP HLDG CO (NEM)	321.29	18,000	18.900	331.20	340.20
NIKE INC CLASS B (NKE)	817.25	9,000	96.150	893.61	865.35
EAI: \$10.08, EY: 1.16%					
NORFOLK SOUTHERN CRP (NSC)	1,656.27	16,000	109.610	1,786.24	1,753.76
EAI: \$36.48, EY: 2.08%					
NORTHROP GRUMMAN CORP HOLDING CO (NOC)	417.59	3,000	147.390	422.79	442.17
O REILLY AUTOMOTIVE INC NEW COM (ORLY)	2,364.86	13,000	192.620	2,375.62	2,504.06
OCCIDENTAL PETROLEUM CORP (OXY)	1,294.19	17,000	80.610	3,031.26	1,370.37
EAI: \$48.96, EY: 3.57%					
ORACLE CORP COM ISIN #US68389X1054	3,355.14	79,000	44.970	4,410.64	3,552.63
SEDOL #2661568 (ORCL)					
EAI: \$37.92, EY: 1.07%					
OWENS ILL INC COM NEW (OI)	1,223.50	48,000	26.990		1,295.52
PNC FINL SVCS GROUP (PNC)	2,670.91	31,000	91.230	2,711.57	2,828.13
EAI: \$59.52, EY: 2.10%					
PALL CORP (PLL)	573.50	6,000	101.210	576.66	607.26
PAYCHEX INC COM ISIN #US7043261079	566.84	13,000	46.170	616.33	600.21
SEDOL #2674458 (PAYX)					
EAI: \$19.76, EY: 3.29%					
PEPSICO INC (PEP)	1,875.37	21,000	94.560	2,102.10	1,985.76
EAI: \$55.02, EY: 2.77%					
PFIZER INC (PFE)	2,883.00	98,000	31.150	3,052.70	3,052.70
EAI: \$109.76, EY: 3.60%					
PHILIP MORRIS INTL INC COM (PM)	2,076.90	27,000	81.450	2,347.11	2,199.15
EAI: \$108.00, EY: 4.91%					
PHILLIPS 66 COM (PSX)	2,437.71	36,000	71.700	2,628.72	2,581.20
EAI: \$72.00, EY: 2.79%					
PRAXAIR INC (PX)	1,835.37	15,000	129.560	1,925.70	1,943.40
EAI: \$39.00, EY: 2.01%					
PRECISION CASTPARTS CORP (PCP)	3,412.34	15,000	240.880	3,568.50	3,613.20



EIN: 68-6068469

Investment Report

December 1, 2014 - December 31, 2014

Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol) as of December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value	
				December 31, 2014	December 31, 2014
T ROWE PRICE GROUP INC (TROW)	567.61	7,000	85.860	584.29	601.02
EAI: \$12.32, EY: 2.05%					
PRICELINE GROUP INC THE (PCLN)	2,153.65	2,000	1,140.210	2,320.38	2,280.42
PROCTER & GAMBLE CO (PG)	2,924.89	34,000	91.090	2,893.76	3,097.06
EAI: \$87.53, EY: 2.83%					
PROGRESSIVE CORP OHIO (PGR)	356.85	14,000	26.990	381.36	377.86
QUALCOMM INC (QCOM)	2,737.72	39,000	74.330	2,624.40	2,898.87
EAI: \$65.52, EY: 2.26%					
RAYTHEON CO COM NEW (RTN)	2,451.76	24,000	108.170	2,560.80	2,596.08
EAI: \$58.08, EY: 2.24%					
REALOGY HLDGS CORP COM USD0.01 (RLGY)	2,647.06	63,000	44.490	2,899.26	2,802.87
REGENERON PHARMACEUTICALS INC (REGN)	2,324.67	6,000	410.250	2,496.66	2,461.50
REYNOLDS AMERN INC (RAI)	546.28	9,000	64.270	593.19	578.43
EAI: \$24.12, EY: 4.17%					
RIO TINTO ADR EACH REP 1 ORD (RIO)	2,348.97	54,000	46.060	2,143.60	2,487.24
EAI: \$109.34, EY: 4.40%					
ROPER INDS INC (ROP)	590.63	4,000	156.350	631.28	625.40
SAFRAN S A SPON ADR (SIN #US7865841024 SEDOL #B23WS79 (SAFRY)	981.02	67,000	15.504	1,086.47	1,038.76
ST JUDE MEDICAL INC (STJ)	1,351.13	22,000	65.030	1,495.12	1,430.66
EAI: \$23.76, EY: 1.66%					
HENRY SCHEIN INC (HSIC)	514.33	4,000	136.150	548.80	544.60
SCHLUMBERGER LIMITED COM USD0.01 (SLB)	1,693.90	21,000	85.410	1,375.20	1,793.61
EAI: \$33.60, EY: 1.87%					
SIGMA ALDRICH CORP (SIAL)	648.20	5,000	137.270	683.00	686.35
SMUCKER J M CO COM NEW ISIN #US326964058 SEDOL #2951452 (SUM)	476.83	5,000	100.980	512.85	504.90
EAI: \$12.80, EY: 2.54%					
SOUTHWEST AIRLNS CO (LUV)	1,878.47	47,000	42.320	1,965.54	1,989.04
EAI: \$11.28, EY: 0.57%					



EIN: 68-6068469

Investment Report

December 1, 2014 - December 31, 2014

Brokerage 648-51257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol) as of December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 31, 2014	Total Value December 31, 2014
STANLEY BLACK & DECKER INC COM	Safety 1,361.08	15,000	96.080	1,416.60	1,441.20
USD2.50 (SWK)					
EAI: \$31.20, EY: 2.16%					
STARBUCKS CORP (SBUX)	3,487.00	45,000	82.050	3,654.45	3,692.25
EAI: \$57.60, EY: 1.56%					
STATE STR CORP COM ISIN #US8574771031	2,520.63	34,000	78.500	2,608.82	2,669.00
SEDOL #2842040 (STT)					
EAI: \$40.80, EY: 1.53%					
STERICYCLE INC COM ISIN #US8589121081	628.41	5,000	131.080	644.60	655.40
SEDOL #B6ZJ7Q8 (SRCL)					
STRYKER CORP (SYK)	623.60	7,000	94.330	650.37	660.31
SYSKO CORP (SYK)	562.25	15,000	39.690	603.90	595.35
EAI: \$18.00, EY: 3.02%					
TJX COS INC NEW COM ISIN #US8725401090	2,655.47	41,000	68.580	2,712.56	2,811.78
SEDOL #2989301 (TJX)					
EAI: \$28.70, EY: 1.02%					
TARGET CORP COM ISIN #US87612E1064	3,369.44	47,000	75.910	4,810.00	3,567.77
SEDOL #2259101 (TGT)					
EAI: \$97.76, EY: 2.74%					
TENCENT HLDGS LIMITED UNSP ADR	1,726.27	126,000	14.507	2,014.74	1,827.88
EACH REP 1 ORD (TCEHY)					
TEREX CORP NEW (TEX)	1,737.79	66,000	27.880	1,894.20	1,840.08
EAI: \$13.20, EY: 0.72%					
TEVA PHARMACEUTICAL INDUSTRIES ADR-EACH	1,738.02	32,000	57.510	1,823.36	1,840.32
CNV INTO 1 ORD ILS0.10 (TEVA)					
EAI: \$43.35, EY: 2.36%					
TEXAS INSTRUMENTS INC (TXN)	706.90	14,000	53.465	761.88	748.51
EAI: \$19.04, EY: 2.54%					
THERMO FISHER SCIENTIFIC INC (TMO)	1,893.20	16,000	125.290	2,197.93	2,004.64
THOMSON REUTERS CORP COM	533.36	14,000	40.340	673.20	564.76
ISIN #CA8849031056 SEDOL #2889371 (TRI)					
EAI: \$18.48, EY: 3.27%					



EIN: 68-6068469

Investment Report

December 1, 2014 - December 31, 2014

Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol) as of December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 31, 2014	Total Value December 31, 2014
3M COMPANY (MMM)	931.11	6,000	164.320	960.54	985.92
EAI: \$24.60, EY: 2.50%					
TIME WARNER INC NEW COM NEW (TWX)	2,097.46	26,000	85.420	2,213.12	2,220.92
EAI: \$33.02, EY: 1.49%					
TRANSDIGM GROUP INC COM	2,225.22	12,000	196.350	2,373.48	2,356.20
ISIN #US8936411003 SEDOL #B11FJK3 (TDG)					
TRIUMPH GROUP INC NEW (TGI)	1,396.63	22,000	67.220	612.54	1,478.84
ULTRA PETROLEUM CORP COM NPV (UPL)	1,503.84	121,000	13.160	1,310.10	1,592.36
UNION PACIFIC CORP (UNP)	2,362.66	21,000	119.130	2,568.94	2,501.73
EAI: \$42.00, EY: 1.68%					
UNITED PARCEL SVC INC CL B (UPS)	734.93	7,000	111.170	769.44	778.19
EAI: \$18.76, EY: 2.41%					
UNITED TECHNOLOGIES CORP (UTX)	3,149.61	29,000	115.000	2,531.84	3,335.00
EAI: \$68.44, EY: 2.05%					
UNITEDHEALTH GROUP (UNH)	1,813.94	19,000	101.090	1,873.97	1,920.71
EAI: \$28.50, EY: 1.48%					
V F CORP (VFC)	636.63	9,000	74.900	676.53	674.10
EAI: \$11.52, EY: 1.71%					
VARIAN MED SYS INC COM	490.21	6,000	86.510	619.57	519.06
ISIN #US92220P1057 SEDOL #2927516 (VAR)					
VERIZON COMMUNICATIONS (VZ)	3,755.26	85,000	46.780	4,300.15	3,976.30
EAI: \$187.00, EY: 4.70%					
VISA INC COM CL A (V)	4,952.49	20,000	262.200	5,163.80	5,244.00
EAI: \$38.40, EY: 0.73%					
VOYA FINL INC COM ISIN #US9290891004	1,841.11	46,000	42.380	2,094.00	1,949.48
SEDOL #BKWQ2N2 (VOYA)					
WAL-MART STORES INC COM	4,623.04	57,000	85.880	4,989.78	4,895.16
ISIN #US9311421039 SEDOL #2936921 (WMT)					
EAI: \$109.44, EY: 2.24%					
WATERS CORP (WAT)	212.91	2,000	112.720	231.80	225.44
WELLS FARGO & CO NEW (WFC)	5,798.53	112,000	54.820	7,027.92	6,139.84
EAI: \$156.80, EY: 2.55%					



EIN: 68-6068469

Investment Report

December 1, 2014 - December 31, 2014

Brokerage 648-512257 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Separate Account Manager: PARAMETRIC PORTFOLIO ASSOCIATES - PARAMETRIC / RUSSELL RSA

Holdings (Symbol) as of December 31, 2014	Safety	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value	
					December 1, 2014	December 31, 2014
WYNDHAM WORLDWIDE CORP COM (WYN)	2,186.80		27,000	85.760	2,250.72	2,315.52
EAI: \$37.80, EY: 1.63%						
WYNN RESORTS LTD (WYNN)	1,123.92		8,000	148.760	1,428.88	1,190.08
EAI: \$48.00, EY: 4.03%						
ZIMMER HLDGS INC (ZMH)	535.57		5,000	113.420	561.45	567.10
Subtotal of Stocks						410,531.00
Other 1% of holdings						
AMERICAN TOWER CORPORATION	3,734.20		40,000	98.850	4,200.40	3,954.00
ISIN #US03027X1000 SEDOL #B7FBFL2 (AMT)						
EAI: \$60.80, EY: 1.54%						
PUBLIC STORAGE COM (PSA)	698.30		4,000	184.850	750.52	739.40
EAI: \$22.40, EY: 3.03%						
Subtotal of Other						4,693.40
Core Account 2% of holdings						
FIDELITY CASH RESERVES (FDRXX)		7-day yield: 0.01%	7,662.440	1.000	5,840.01	7,662.44
Subtotal of Core Account	7,236.48					7,662.44
Total						\$422,886.84

All positions held in cash account unless indicated otherwise.

Estimated Annual Income (EAI) & Estimated Yield (EY) - EAI is an estimate of annual income for a specific security position over the next rolling 12 months. EY is calculated by dividing the current EAI for a security position by its statement closing date market value. EY reflects only the income generated by an investment; it does not reflect changes in its price, which may fluctuate. For certain types of securities, EAI and EY could include the return of principal or capital gains which would render them overstated. EAI and EY are estimates provided for informational purposes only and should not be relied on for making investment, trading, or tax decisions. There is no guarantee that your investments will actually generate the EAI or EY presented. Actual income and yield might be lower or higher. EAI and EY should not be confused with a security's 30-day Yield or 7-day Yield, if provided, as such yield quotations reflect the actual historical performance of a security. For additional information, including calculation details, refer to the "Additional Information and Endnotes" section at the end of your statement.



EIN: 68-6068469

Investment Report

December 1, 2014 - December 31, 2014

Brokerage 646-758248

RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Account Summary

Beginning value as of Dec 1 \$4,020,852.74
Transaction costs, loads and fees -16.00
Change in investment value -75,761.92
Ending value as of Dec 31 \$3,945,074.82

Income Summary

This Period
Tax-deferred \$104,614.17
Year to Date
\$197,817.51

X 94.441% = 3,725,778.11

Accrued Interest (AI) \$0.00
Change in AI from last statement \$0.00

Your Advisor is an independent organization and is not affiliated with Fidelity Investments. Brokerage services provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC.
800-544-6666. Brokerage Accounts carried with National Financial Services LLC, Member NYSE, SIPC

Holdings (Symbol as of December 31, 2014)

Stocks 10% of holdings

ISHARES RUSSELL 1000 ETF (IWB) 260,035.04
WISDOMTREE TREMERGING MKTS 99,410.99

ISIN #US97717W2816 SEDOL #B28VH85 (DGS)

Subtotal of Stocks

380,603.79

Bonds 1% of holdings

JP MORGAN CHASE BANK NA
0.00000% 01/30/2015
ZERO COUPON
AT MATURITY

CUSIP: 48126NX51

JP MORGAN CHASE BANK NA
0.00000% 01/30/2015
ZERO COUPON
AT MATURITY

CUSIP: 48126NX69

Subtotal of Bonds

51,717.60

Mutual Funds 87% of holdings

TREASURY FUND - CAPITAL RESERVES CL (FSRXX)

EAI: \$26.99, EY: 0.01%

7-day yield: 0.01%
254,869.30

1.000

269,871.45



EIN: 68-6068469

Investment Report

December 1, 2014 - December 31, 2014

Brokerage 646-758248 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Holdings (Symbol) as of December 31, 2014	Safety December 31, 2014	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 31, 2014
AQR MANAGED FUTURES STRATEGY HV/CL I (QMHIX) EAI: \$15,230.34, EY: 7.68%	187,329.65		17,663.071	11.230	209,130.76
ACUITAS INTERNATIONAL SMALL CAP INSTL (AISCX)	98,344.29		11,531.900	9.030	105,978.16
ACUITAS US MICROCAP INSTITUTIONAL FUND (AFMCX)	106,053.35		10,725.490	10.470	108,112.93
PIMCO HIGH YIELD INSTL (PHIYX) EAI: \$9,665.12, EY: 6.06%	150,570.59		17,443.491	9.140	161,286.42
PIMCO ALL ASSET ALL AUTHORITY-INSTIT CL (PAUX) EAI: \$23,238.43, EY: 6.02%	364,413.09		42,263.224	9.130	400,602.72
PIMCO COMMODITY REAL RETURN INST (PCRIX)	188,141.66		44,467.877	4.480	204,642.80
PIMCO EMERGING MKRTS FULL SPECTRUM BOND I (PFSIX) EAI: \$17,011.01, EY: 5.56%	288,738.65		37,559.513	8.140	325,891.84
RUSSELL GLOBAL EQUITY CLASS S (RGESX) EAI: \$1,708.77, EY: 1.56%	103,492.59		9,775.593	11.210	111,040.55
RUSSELL SELECT INTERNLT EQUITY CL Y (RTIYX) EAI: \$1,402.26, EY: 0.68%	194,279.64		22,617.073	9.100	215,314.53
RUSSELL STRATEGIC CALL OVERWRITNG FD S (ROWSX) EAI: \$1,845.38, EY: 0.86%	202,980.22		19,993.309	10.750	218,827.79
RUSSELL US SMALL CAP EQUITY CLASS I (REBSX) EAI: \$438.26, EY: 0.39%	105,800.89		3,733.041	30.010	109,065.19
RUSSELL SHORT DURATION BOND CL S (RFBXSX) EAI: \$601.05, EY: 1.29%	43,961.04		2,429.472	19.160	47,058.87
RUSSELL EMERGING MARKETS S (REMSX) EAI: \$2,471.09, EY: 1.58%	148,160.39		9,244.634	16.970	166,111.81
RUSSELL GLOBAL REAL ESTATE SECURITIES S (RRESX) EAI: \$4,962.46, EY: 3.01%	155,665.51		4,294.641	38.380	164,481.50
RUSSELL GLOBAL INFRASTRUCTURE CL S (RGISX) EAI: \$3,786.85, EY: 2.32%	154,103.52		13,700.620	11.910	164,828.60
STONE RIDGE REINSRNC RSK PREM I (SREIX)	166,805.79		17,609.606	10.030	176,976.54
STONE RIDGE HIGH YLD REINSRNC RSK PREM I (SHRIX)	55,971.38		5,891.251	10.060	59,324.89
STONERIDGE US MASTER VARIANCE RISK PREM I (VRPIX)	143,897.58		14,807.357	10.290	152,517.79
STONERIDGE REINSURAC RISK PREM INTERVAL (SRRIX)	145,073.82		15,103.500	10.170	166,742.64



EIN: 68-6068469

Investment Report

December 1, 2014 - December 31, 2014

Brokerage 646-758248 RUSTY REA AND SCOTT NELSON - TRUSTEES - INSURANCE AND BENEFITS TRUST OF PORAC

Holdings	(Symbol as of December 31, 2014)	Safety	Performance December 31, 2014	Quantity December 31, 2014	Price per Unit December 31, 2014	Total Value December 31, 2014
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Subtotal of Mutual Funds

3,450,553.70

Core Account 2% of holdings

FIDELITY CASH RESERVES (FDRXX)			7-day yield: 0.01%	62,199.730	1.000	62,199.73
Subtotal of Core Account		58,742.05				62,199.73

Total

\$3,945,074.82

All positions held in cash account unless indicated otherwise.

-- not available

AI (Accrued Interest) - Presented for domestic fixed income securities and represents interest accumulated since the last coupon date, but not yet paid by the issuer or received by NFS. AI is calculated for the following securities: fixed rate bonds and Certificates of Deposit (CDs). **There is no guarantee that AI will be paid by the issuer.** AI for treasury and GNMA securities, however, is backed by the full faith and credit of the United States Government. AI totals represent accruals for only those securities with listed AI in the Holdings section of this statement. Please refer to the Help/Glossary section of Fidelity.com for additional information.

Estimated Annual Income (EAI) & Estimated Yield (EY) - EAI is an estimate of annual income for a specific security position over the next rolling 12 months. EY is calculated by dividing the current EAI for a security position by its statement closing date market value. EY reflects only the income generated by an investment; it does not reflect changes in its price, which may fluctuate. For certain types of securities, EAI and EY could include the return of principal or capital gains which would render them overstated. EAI and EY are estimates provided for informational purposes only and should not be relied on for making investment, trading, or tax decisions. There is no guarantee that your investments will actually generate the EAI or EY presented. Actual income and yield might be lower or higher. EAI and EY should not be confused with a security's 30-day Yield or 7-day Yield. If provided, as such yield quotations reflect the actual historical performance of a security. **For additional information, including calculation details, refer to the "Additional Information and Endnotes" section at the end of your statement.**

Summary Annual Report
For the
INSURANCE AND BENEFITS TRUST OF THE PEACE OFFICERS RESEARCH
ASSOCIATION OF CALIFORNIA SAFETY PLAN

This is a summary of the annual report for the INSURANCE AND BENEFITS TRUST OF THE PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA SAFETY PLAN, (Employer Identification No 68-6068469, Plan No. 501) for the period beginning January 1, 2014 and ending December 31, 2014.

The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

SELF-FUNDED BENEFIT INFORMATION

The Trust maintains long term disability and death benefits under a self-funded program.

INSURANCE INFORMATION

The following brief description of the Trust benefits are provided for general information purposes only. Participants should refer to the Trust document for more complete information.

The Trust has contracts with Standard Insurance Company to pay long term disability and life insurance claims, with Reliastar Insurance Company for life insurance and AD&D. The total insurance premiums charged to the Trust for the year ended December 31, 2014 were \$2,747,410.

Standard Insurance Company is a so called "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2014, the premiums paid under such "experience-rated" contract were \$2,546,710 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$2,827,418.

BASIC FINANCIAL STATEMENT

The value of Trust assets, after subtracting liabilities of the Trust, was \$2,502,094 as of December 31, 2014 compared to \$3,280,294 as of January 1, 2014. During the Trust year the Trust experienced a decrease in its net assets of \$778,200. This decrease includes unrealized appreciation or depreciation in the value of Trust assets; that is, the difference between the value of the Trust's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year.

The Trust had total income of \$7,616,958. This income included participant contributions of \$5,148,540, earnings on investments of \$169,054 and other income of \$2,299,364.

Benefits under the Trust are provided by the Trust and insurance. Trust expenses were \$8,395,158. These expenses included \$1,538,401 in operating expenses, \$21,166 in investment expenses, \$4,088,181 in benefits paid directly to participants and beneficiaries, and \$2,747,410 in insurance premiums charged by insurance companies and a health maintenance organization.

Benefits and eligibility rules will change from time to time. Be sure to use the most recent Trust booklet and to read any special notices about your coverage. Do not rely on outdated information. If you lost your coverage you may be entitled to continue it by making self payments. Consult your booklet or the Trust office for details.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investments;
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Board of Trustees, Insurance and Benefit Trust Fund of the Peace Officers Research Association of California, 4010 Truxel Rd, Sacramento, CA 95834. The charge to cover copying costs will be \$.25 per page for any part thereof.

You also have the right to receive from the Contract Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Contract Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan, 4010 Truxel Rd, Sacramento, CA 95834, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N-1513, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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