Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110 1210 - 0089

2017

This Form is Open to Public Inspection

Part	I Annual Report Identification Inf	ormation					
Fo	r calendar plan year 2017 or fiscal plan year beginr	ning $01/01/2$	2017 and ending	12/31/2017			
A Th	is return/report is for: 🛛 🛚 a multiemployer pla	_	on of the form	ers checking this box must atta mation in accordance with the fo			
B Thi	a single-employer put the first return/report is: a single-employer put the first return/report an amended return	olan a D	FE (specify) final return/report	- ort (less than 12 months)	om instr.)		
C Ift	he plan is a collectively-bargained plan, check here			. ₩			
Part							
INS	ame of plan URANCE AND BENEFITS TRUST -SAFETY	OF THE PORA	7C -	1b Three-digit plan number (PN) 1c Effective date of plan	502		
TAOTA	01/01/2013						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification 68 - 60 68 4 69					umber (EIN)		
	ty or town, state or province, country, and ZIP or foreign JRANCE AND BENEFITS TRUST			2c Plan Sponsor's telephone number 8006556397			
			2d Business code (see instructions 525100				
401	O TRUXEL ROAD						
SACI	RAMENTO CA	95834-3725					
Cautio	n: A penalty for the late or incomplete filing of t	his return/report will	be assessed unless rea	sonable cause is established.			
	nalties of perjury and other penaltles set forth in the Instructions, I controlled version of this return/report, and to the best of my knowled			panying schedules, statements and attach	ments, as well		
SIGN HERE	X forklund	09-11-18	JOSEPH SC	HLEMMEN			
IILITE	Signature of plan administrator	Date	Enter name of individua	l signing as plan administrator			
SIGN							
LIENE	Signature of employer/plan sponsor	Date	Enter name of individua	l signing as employer or plan sp	onsor		
SIGN HERE							
	Signature of DFE	Date	Enter name of individua				
Ear Do	namuarly Dadustian Act Nation and the Instruct	ione for Form 5500		Form	n 5500 (2017)		

v. 170203

Form 5500 (2017) Page 2 **3a** Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 4b FIN If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **4d** PN a Sponsor's name C Plan Name 5 2960 5 Total number of participants at the beginning of the plan year 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). 6a(1) <u> 2960</u> a (1) Total number of active participants at the beginning of the plan year a (2) Total number of active participants at the end of the plan year 2711 6a(2) **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 2711 6e e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 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 who terminated employment during the plan year with accrued benefits that were less than 100% vested _____ 6h Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete 207 7 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) **9b** Plan benefit arrangement (check all that apply) (1) Insurance (1) Insurance (2) Code section 412(e)(3) insurance contracts (2)Code section 412(e)(3) insurance contracts (3) Trust (3)General assets of the sponsor (4)General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) **b** General Schedules a Pension Schedules R (Retirement Plan Information) (1) (Financial Information) (1) MB (Multiemployer Defined Benefit Plan and Certain Money (2)ı (Financial Information - Small Plan) Purchase Plan Actuarial Information) - signed by the plan (3)Α (Insurance Information) actuary (4) С (Service Provider Information) SB (Single-Employer Defined Benefit Plan Actuarial D (5) (DFE/Participating Plan Information)

(6)

(Financial Transaction Schedules)

Information) - signed by the plan actuary

Form 5500 (2017) Page **3**

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)						
CFR	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	e plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)	Yes	No				
enter	r the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 For the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing ster a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)						
Rece	eipt 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

2017

This Form is Open to Public Inspection

	· ·				
For calendar plan year 2017 or fiscal plan y	ear beginning 01/01	1/2017 and ending	12/31/2017		
A Name of plan INSURANCE AND BENEF	ITS TRUST OF T	HE PORAC -	B Three-digit plan number (PN) ▶	502	
C Plan sponsor's name as shown of INSURANCE AND BENEF	ITS TRUST OF T		D Employer Identification Nu 68-6068469		
	_	tract Coverage, Fees, and Cacts grouped as a unit in Parts II and			
1 Coverage Information:					
(a) Name of insurance carrier					
RELIASTAR LIFE INSU	RANCE COMPANY	OF NEW YORK			
(b) EIN (c) NAIC	(d) Contract or	(e) Approximate number of pers		act year	
code	identification number	covered at end of policy or contrac	t year (f) From	(g) To	
41-0451140 67105	6326-3		22 10/01/201609	/30/2017	
2 Insurance fee and commission inf in descending order of the amour		s and total commissions paid. List in	line 3 the agents, brokers, and	other persons	
(a) Total amount of	•	. ,	otal amount of fees paid		
		036		2365	
		entries as needed to report all persor			
(a) Name an MYERS-STEVENS & TOO		er, or other person to whom commiss	sions or fees were paid		
26101 MARQUERITE PK					
MISSION VIEJO	CA 9269	2			
(b) Amount of sales and base		Fees and other commissions paid	i	(e) Organization	
commissions paid	(c) Amount	(d) Purpo	ose	code	
		DMINISTRATION FEE			
	2072			3	
		er, or other person to whom commiss	sions or fees were paid		
MYERS-STEVENS & TOO 26101 MARQUERITE PK					
MISSION VIEJO	CA 9269	2		_	
(b) Amount of sales and base	i	(e)			
commissions paid	(c) Amount	Fees and other commissions paid		Organization code	
		RITING AGENT	JGC	+	
1036				3	

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

Schedule A (Form 5500) 2017 v. 170203

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Schedule A (Form 5500) 2017

MYERS-STEVENS & TOO	HEY CO INC	oker, or other person to whom commissions or fees were pa	id
26101 MARQUERITE PK MISSION VIEJO	WY CA 926	92	
(b) Amount of sales and base commissions paid	(a) Amount	(e) Organization code	
	(c) Amount	(d) Purpose OVERWRITE FEE	Code
	293		3
			·
(a) Name and	d address of the agent, bro	oker, or other person to whom commissions or fees were pa	id
			1 ,,
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Name and	d address of the agent, bro	oker, or other person to whom commissions or fees were pa	id
		· ·	
(In) Associated aclass and base			(e)
(b) Amount of sales and base commissions paid		Fees and other commissions paid	Organization
	(c) Amount	(d) Purpose	code
(a) Name and	d address of the agent, bro	oker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base		Fees and other commissions paid	(e)
commissions paid	(a) Amount		Organization code
	(c) Amount	(d) Purpose	
(a) Name and	d address of the agent, bro	oker, or other person to whom commissions or fees were pa	IC
(la) Associate of a state of the			(e)
(b) Amount of sales and base commissions paid		Fees and other commissions paid	Organization
Commisciono para	(c) Amount	(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information				
		Where individual contracts are provided, the entire group of supurposes of this report.	ıch individua	al contracts with each	carrier m	ay be treated as a unit for
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 a	at year end		5	
6	Contrac	cts With Allocated Funds:				
а	State	the basis of premium rates				
		iums paid to carrier			6b	
		iums due but unpaid at the end of the year			6с	
d		carrier, service, or other organization incurred any specific costs in				
		equisition or retention of the contract or policy, enter amount			6d	
	-	ify nature of costs				
е		of contract: (1) 🔲 individual policies (2) 📙 group defen	red annuity			
	(3)	other (specify)				
					. [
<u>+</u>		tract purchased, in whole or in part, to distribute benefits from a to				
′		racts With Unallocated Funds (Do not include portions of these co		· ·	-	
а	Type	of contract: (1) deposit administration (2)		te participation guaran	tee	
		(3) guaranteed investment (4)	other	•		
L	5 .				76	
		nce at the end of the previous year	7-(4)		7b	
C		ions: (1) Contributions deposited during the year				
		ividends and credits				
		nterest credited during the year				
		ransferred from separate account				
	(5) C	Other (specify below)	7c(5)			
	(C) T				70(6)	0
٨		otal additions			7c(6) 7d	
		of balance and additions (add lines 7b and 7c(6))	Г		/u	
C	Dedu	isbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		dministration charge made by carrier				
		ransferred to separate account	7e(3)			
	(4) O	other (specify below)	7e(4)			
	(5) T	otal doductions			7e(5)	0
f		otal deductions			76(3)	

Pa	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					
8	treated as a unit for purposes of this report. Benefit and contract type (check all applicable boxes) a Health (other than dental or vision) b Dental Temporary disability (accident and sickness) f HMO contract type (check all applicable boxes) b Dental Long-term	al unemployme	d Life insurance h Prescription drug Indemnity contract			
	m X Other (specify) ► AD&D					
9	Experience-rated contracts:					
а	Premiums: (1) Amount received	9a(1)				
	(2) Increase (decrease) in amount due but unpaid	9a(2)				
	(3) Increase (decrease) in unearned premium reserve					
	(4) Earned ((1) + (2) - (3))			9a(4)		
b	Benefit charges: (1) Claims paid	9b(1)				
	(2) Increase (decrease) in claim reserves					
	(3) Incurred claims (add (1) and (2))			9b(3)		
	(4) Claims charged			9b(4)		
С	Remainder of premium: (1) Retention charges (on an accrual basis) -					
	(A) Commissions	9c(1)(A)				
	(B) Administrative service or other fees	9c(1)(B)				
	(C) Other specific acquisition costs	9c(1)(C)				
	(D) Other expenses	9c(1)(D)				
	(E) Taxes	9c(1)(E)				
	(F) Charges for risks or other contingencies	9c(1)(F)				
	(G) Other retention charges	9c(1)(G)				
	(H) Total retention			9c(1)(H)		
	(2) Dividends or retroactive rate refunds. (These amounts were	paid in cash,	or credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to pro	ovide benefit	s after retirement	9d(1)		
	(2) Claim reserves			9d(2)		
	(3) Other reserves			9d(3)		
е	Dividends or retroactive rate refunds due. (Do not include amount en			9e		
10	Nonexperience-rated contracts:					
а	Total premiums or subscription charges paid to carrier			10a	30211	
b	If the carrier, service, or other organization incurred any specific cost	ts in connect	ion with			
	the acquisition or retention of the contract or policy, other than repo	rted in Part I,	line 2			
	above, report amount			10b		
Sp	pecify nature of costs N/A					
_						
Pa	art IV Provision of Information					
11	Did the insurance company fail to provide any information necessary	to complete	Schedule A?		Yes X No	
12	If the answer to line 11 is "Yes," specify the information not provided	l. >			-	

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Insurance Information**

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► 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

2017

This Form is Open to

			purs	suant to	ERISA SE	ection	03(a)(2).			Pubi	iic irispection
For calendar plan year 20	017 or fiscal pla	n year beginning	01/01	/201	7		and ending)	12/31/	2017	
A Name of plan INSURANCE A	ND BENE	FITS TRUST	OF T	HE P	ORAC	_			Three-digit plan number (F	PN) ▶	502
INSURANCE A	ND BENE		OF T		ORAC		ON-SAF		Employer Iden 68-60	6846	9
		cerning Insurar				_					
4	· ·	e Schedule A. Indivi	dual contra	acts grou	uped as a	a unit in	Parts II and	III ca	in be reported	on a sing	le Schedule A.
1 Coverage Informa	tion:										
(a) Name of insurance	e carrier										
RELIASTAR L	IFE INS	SURANCE COM	IPANY	OF N	EW YO	ORK					
(b) EIN	(c) NAIC	(d) Contract	or	(e)	Approxim	nate nui	mber of pers	ons	Po	licy or co	ntract year
(b) EIN	code	identification no	umber	covere	ed at end	of polic	cy or contrac	t yea	ar (f) Fr	om	(g) To
41-0451140	67105	66326-3						396	10/01/	2016	09/30/2017
2 Insurance fee and in descending ord		information. Enter the unt paid.	e total fees	s and tot	al commi	issions	paid. List in	line 3	the agents, b	rokers, ar	nd other persons
(a)	Total amount	of commissions paid					(b) T	otal a	amount of fees	paid	
			2	453							5296
3 Persons receiving	commissions	and fees. (Complete	as many	entries a	s needed	d to rep	ort all persor	าร).			
	(a) Name a	and address of the a	gent, brok	er, or otl	ner perso	n to wh	om commiss	sions	or fees were p	paid	
MYERS-STEVE			<u> </u>	-							
26101 MADOII	antor t	177.737									

26101 MARQUERITE PKWY

MISSION VIEJO

CA 92692

(b) Amount of sales and base commissions paid	Fees and other commissions paid				
confinissions paid	(c) Amount	(d) Purpose	code		
		ADMINISTRATION FEE			
	4796		3		

(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			
confinissions paid	(c) Amount	(d) Purpose	code	
		WRITING AGENT		
2453			3	

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

Schedule A (Form 5500) 2017 v. 170203

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Schedule A (Form 5500) 2017

MYERS-STEVENS & TOO	HEY CO INC	oker, or other person to whom commissions or fees were paid	d
26101 MARQUERITE PK MISSION VIEJO	.wr CA 926	92	
(b) Amount of sales and base commissions paid	(a) Arrayunt	Fees and other commissions paid	(e) Organization code
	(c) Amount	(d) Purpose OVERWRITE FEE	code
	500		3
(a) Name and	d address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
			
(b) Amount of sales and base commissions paid		Fees and other commissions paid	(e) Organization
	(c) Amount	(d) Purpose	code
(a) Name and	d address of the agent, bro	oker, or other person to whom commissions or fees were paid	t
(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
(a) Name and	d address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
(a) Name and	d address of the agent, bro	oker, or other person to whom commissions or fees were paid	t
(b) Amount of sales and base commissions paid		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information				
		Where individual contracts are provided, the entire group of supurposes of this report.	ıch individua	al contracts with each	carrier m	ay be treated as a unit for
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 a	at year end		5	
6	Contrac	cts With Allocated Funds:				
а	State	the basis of premium rates				
		iums paid to carrier			6b	
		iums due but unpaid at the end of the year			6с	
d		carrier, service, or other organization incurred any specific costs in				
		equisition or retention of the contract or policy, enter amount			6d	
	-	ify nature of costs				
е		of contract: (1) 🔲 individual policies (2) 📙 group defen	red annuity			
	(3)	other (specify)				
					. [
<u>+</u>		tract purchased, in whole or in part, to distribute benefits from a to				
′		racts With Unallocated Funds (Do not include portions of these co		· ·	-	
а	Type	of contract: (1) deposit administration (2)		te participation guaran	tee	
		(3) guaranteed investment (4)	other	•		
L	5 .				76	
		nce at the end of the previous year	7-(4)		7b	
C		ions: (1) Contributions deposited during the year				
		ividends and credits				
		nterest credited during the year				
		ransferred from separate account				
	(5) C	Other (specify below)	7c(5)			
	(C) T				70(6)	0
٨		otal additions			7c(6) 7d	
		of balance and additions (add lines 7b and 7c(6))	Г		/u	
C	Dedu	isbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		dministration charge made by carrier				
		ransferred to separate account	7e(3)			
	(4) O	other (specify below)	7e(4)			
	(5) T	otal doductions			7e(5)	0
f		otal deductions			76(3)	

a Health (other than dental or vision) e Temporary disability (accident and sickness) F Dental Long-term disability S Dental Long-term disability Dental Dental Long-term disability Dental Dent	a Health (other than dental or vision) b f Temporary disability (accident and sickness) f Stop loss (large deductible) J Long-term disability Supplemental unemployment b HMO contract Supplemental unemployment b HMO contract PPO contract D Indemnity cor Prescription c Indemnity cor Supplemental unemployment b HMO contract PPO contract D Indemnity cor D Indemnity C	Pa	If more than one contract covers the same group of e employee organization(s), the information may be come as a unit. Where contracts cover individual employees treated as a unit for purposes of this report.	nbined for reporting purposes if s	such contracts are ex	kperience-rated
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a Premiums: (1) Amount received (2) Increase (decrease) in amount due but unpaid (3) Increase (decrease) in unearned premium reserve (4) Earned ((1) + (2) - (3)) (5) Benefit charges: (1) Claims paid (6) Increase (decrease) in claim reserves (7) Increase (decrease) in claim reserves (8) Incurred claims (add (1) and (2)) (9) Pb(2) (1) Calms charged (2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)) (4) Claims charged (5) Remainder of premium: (1) Retention charges (on an accrual basis) - (A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs (B) Administrative service or other fees (C) Other expenses (D) Other expenses (E) Taxes (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were □ paid in cash, or □ credited.) (2) Claim reserves (3) Other reserves (3) Other reserves (3) Other reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (5) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (6) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (8) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (8) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (8) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (8) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (8) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (8) Dividends or retroactive retroac	a Premiums: (1) Amount received (2) Increase (decrease) in amount due but unpaid (3) Increase (decrease) in unearmed premium reserve (4) Earned ((1) + (2) - (3)) (5) Benefit charges: (1) Claims paid (6) Increase (decrease) in claim reserves (7) Increase (decrease) in claim reserves (8) Incurred claims (add (1) and (2)) (9) Pb(2) (1) Caims charged (2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)) (4) Claims charged (5) Remainder of premium: (1) Retention charges (on an accrual basis) - (8) Administrative service or other fees (9) Pc(1) Physical Park (1) P	9				
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above, report amount 10b	above, report amount 10b	D				
	/ 1			eported in Part I, line 2	106	
	Specify nature of costs N/A	_				
		Pa	art IV Provision of Information			
Part IV Provision of Information	Part IV Provision of Information	11		sary to complete Schedule A? .	Y	es X 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

2017

This Form is Open to Public Inspection.

or calendar plan year 2017 or fiscal plan year beginning $0\mathrm{I}/0\mathrm{I}/20\mathrm{I}/$ and endin	ng 12/31/2017	
Name of plan INSURANCE AND BENEFITS TRUST OF THE PORAC -	B Three-digit plan number (PN) ▶	502
Plan sponsor's name as shown on line 2a of Form 5500 INSURANCE AND BENEFITS TRUST OF THE PORAC - NON-SAF	D Employer Identification N 68-6068469	Number (EIN)
Part I Service Provider Information (see instructions)		
You must complete this Part, in accordance with the instructions, to report the information required for ea	ach person who received, dire	ctly or
indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection	ction 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 compen	nsation for which the plan rece	ived the
required disclosures, you are required to answer line 1 but are not required to include that person when c	completing the remainder of th	is Part.
Information on Persons Receiving Only Eligible Indirect Compensation		
Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part beca		1 57
eligible indirect compensation for which the plan received the required disclosures (see instructions for de	efinitions and conditions) L	Yes 🛚 No
15 A 10 A		
If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required of		viders
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 i	indirect compensation	
(b) Effect flame and Envior address of person who provided you disclosures on digister	indirect compensation	
(b) Enter name and EIN or address of person who provided you disclosures on eligible i	indirect compensation	
(b) Enter name and EIN or address of person who provided you disclosures on eligible i	indirect compensation	
(b) Enter name and EIN or address of person who provided you disclosures on eligible i	indirect compensation	
(b) Lines flame and Line of address of person who provided you disclosures off engine i	muneet compensation	

Schedule C (Form 5500) 2017	Page 2 -	
(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	
(h) Enter name and EIN or address of payson who	provided you disclosures on eligible indirect compensation	
(b) Enter hame and Env or address or person who	provided you disclosures on engible malifect 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	
(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	
No Colonia and CIN		
(b) Enter name and EIN or address of person who	provided you disclosures on eligible indirect compensation	

Page 3 -	

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).								
trie pia	ari year. (See instruction	oris).	(a) Enter name and EIN	l or address (see instruc	tions)			
PORAC	(a) Enter name and EIN or address (see instructions) PORAC 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?	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 IN	TEREST 28108.	Yes No 🗓	Yes No		Yes No		
			(-)					
(a) Enter name and EIN or address (see instructions) MYERS-STEVENS TOOHEY & CO INC 95-2637676								
(b) Service Code(s)	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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	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	18884.	Yes No X	Yes No		Yes No		
			(-)					
(a) Enter name and EIN or address (see instructions) HEMMING MORSE 30-0702322								
(b) Service Code(s)	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	6000.	Yes No 🛚	Yes No		Yes No		

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a on page 1, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more

Page	3	-
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Schedule C (Form 5500) 2017

you answered "Yes" to line 1a on page 1, 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) REICH ADELL AND CVITAN 94-1205338 (d) **(f)** Did indirect (b) (e) (h) (c) (g) Enter total indirect Relationship to Enter direct Did service provider Did the service Service compensation include compensation received by Code(s) employer, employee receive indirect provider give you compensation eliaible indirect service provider excludina organization, or paid by the compensation? a formula instead eligible indirect compensation, for person known to be plan. If none. (sources other of an amount or which the plan compensation for which you a party-in-interest enter -0-. than plan or estimated amount? received the answered "Yes" to element plan sponsor) (f). If none, enter -0-. required disclosures? 29 NONE 50 5711. Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) (d) (h) (b) (c) (e) (g) Did indirect Enter total indirect Service Relationship to Enter direct Did service provider Did the service compensation include compensation received by Code(s) provider give you employer, employee compensation receive indirect service provider excluding eligible indirect organization, or paid by the compensation? a formula instead eligible indirect compensation, for person known to be plan. If none, (sources other of an amount or which the plan compensation for which you a party-in-interest enter -0-. than plan or estimated amount? received the answered "Yes" to element plan sponsor) required disclosures? (f). If none, enter -0-. Yes No Yes | No | Yes | No | (a) Enter name and EIN or address (see instructions) (d) (b) (c) (e) (f) (g) (h) Did indirect Enter total indirect Relationship to Enter direct Did service provider Did the service Service compensation received by compensation include Code(s) employer, employee compensation receive indirect provider give you eliaible indirect service provider excluding organization, or paid by the compensation? a formula instead compensation, for eligible indirect person known to be plan. If none, (sources other of an amount or which the plan compensation for which you a party-in-interest enter -0-. than plan or estimated amount? answered "Yes" to element received the plan sponsor) (f). If none, enter -0-. required disclosures? Yes | No | Yes No Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

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.

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	File as an attachmen	to Public Inspection					
For calendar plan year 2017 or fiscal	For calendar plan year 2017 or fiscal plan year beginning $01/01/2017$ and ending $12/31/2017$						
A Name of plan		B Three-di					
		plan nui	mber (PN) ▶ 502				
INSURANCE AND BENEFI	TS TRUST OF THE PORAC -						
C Plan sponsor's name as shown on line	e 2a of Form 5500	D Employe	er Identification Number (EIN)				
	TS TRUST OF THE PORAC -	NON-SAF 68-6	5068469				
Part I Asset and Liability St	atement						

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
а	Total noninterest-bearing cash	1a	96447	208686
b	Receivables (less allowance for doubtful accounts):			
	1) Employer contributions	1b(1)		
	2) Participant contributions		25224	9798
	SEE STATEMENT 1	1b(3)	69306	53153
С	General investments:	(0)		
	1) Interest-bearing cash (incl. money market accounts & certificates of deposit)	1c(1)	107296	45
	2) U.S. Government securities	1c(2)	8126	
	3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	60916	
	4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common		38	
	5) Partnership/joint venture interests			
	6) Real estate (other than employer real property)			
	7) Loans (other than to participants)			
	8) Participant loans			
	y Value of interest in common/collective trusts			
(0) Value of interest in pooled separate accounts			
(1) Value of interest in master trust investment accounts	1c(11)		
(2) Value of interest in 103-12 investment entities	1c(12)		
į.	3) Value of interest in registered investment companies (e.g., mutual funds)		91795	276209
į.	4) Value of funds held in insurance co. general account (unallocated contracts)	1c(14)		
Ò	5) Other SEE STATEMENT 2	1c(15)	35757	56376

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v. 170203

1 d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property			
е	Buildings and other property used in plan operation		167	741
f	Total assets (add all amounts in lines 1a through 1e)		495072	605008
	Liabilities		•	
g	Benefit claims payable	. 1g	16000	77000
h	Operating payables		7270	8153
i	Acquisition indebtedness	1i		
j	Other liabilities SEE STATEMENT 3	1j	65806	64443
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	89076	149596
	Net Assets		•	
- 1	Net assets (subtract line 1k from line 1f)	11	405996	455412

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	229718	
	(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)		229718
b	Earnings on investments:	. ,		
	(1) Interest:			
	(A) Interest-bearing cash (including money market			
	accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	2250	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	451	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2701
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8690	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		8690
	(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 \dots	2b(5)(A)		
	(B) Other	2b(5)(B)	14817	
	(C) Total unrealized appreciation of assets.			
	Add lines 2b(5)(A) and (B)	2b(5)(C)		14817

			(a) Am	nount	(b) Tot	al
	(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)				3934
С	Other income SEE STATEMENT 4	2c				17158
d	Total income. Add all income amounts in column (b) and enter total	2d			2	277018
	Expenses	,				
е	Benefit payment and payments to provide benefits:					
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		146124		
	(2) To insurance carriers for the provision of benefits	2e(2)		10781		
	(3) Other	2e(3)				
	(4) Total benefit payments. Add lines 2e(1) through (3)				1	L56905
f	Corrective distributions (see instructions)	2f				
g	Certain deemed distributions of participant loans (see instructions)					
h	Interest expense	2h				
i	Administrative expenses: (1) Professional fees			16068		
	(2) Contract administrator fees	2i(2)		46992		
	(3) Investment advisory and management fees			669		
	(4) Other SEE STATEMENT 5	2i(4)		6968		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)				70697
j	Total expenses. Add all expense amounts in column (b) and enter total	2j			2	227602
	Net Income and Reconciliation					
k	Net income (loss). Subtract line 2j from line 2d	2k				49416
- 1	Transfers of assets:					
	(1) To this plan	21(1)				
	(2) From this plan	21(2)				
Pa	rt III Accountant's Opinion					
3	Complete lines 3a through 3c if the opinion of an independent qualified public ac	countant is	attached to th	is Form 5500.		
	Complete line 3d if an opinion is not attached.					
а	The attached opinion of an independent qualified public accountant for this plan	is (see instr	uctions):			
	(1) X Unqualified (2) Qualified (3) Disclaimer (4)	Adverse				
_b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8	3 and/or 103	3-12(d)?		Yes	X No
С	Enter the name and EIN of the accountant (or accounting firm) below:					
	(1) Name: VAVRINEK, TRINE, DAY & CO., LLP		(2) El	_{N:} 95-16	48289	
d	The opinion of an independent qualified public accountant is not attached because	use:				
_	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attach	ned to the n	ext Form 5500	pursuant to 2	9 CFR 2520.	104-50.
	rt IV Compliance Questions					
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not co	•	4a, 4e, 4f, 4g	, 4h, 4k, 4m, 4	n, or 5.	
	103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line	41.				
	During the plan year:		Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the					
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior	year				
	failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary					
	Correction Program.)		. 4a	X		
b	Were any loans by the plan or fixed income obligations due the plan in default as	of the				
	close of the plan year or classified during the year as uncollectible? Disregard					
	participant loans secured by participant's account balance. (Attach Schedule G (Form	1 1			
	participant loans secured by participant's account balance. (Attach conclude a (x		

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Schedule H (Form 5500) 2017

			Yes	No		Amount	
С	Were any leases to which the plan was a party in default or classified during the year						
	uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include						
	transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is						
	checked.)	4d		X			
е	Was this plan covered by a fidelity bond?	4e	X			10	00000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that						
	was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable o	n					
	an established market nor set by an independent third party appraiser?	4g		Х			
h	Did the plan receive any noncash contributions whose value was neither readily						
	determinable on an established market nor set by an independent third party						
	appraiser?	4h		Х			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes"	is					
	checked, and see instructions for format requirements.)	4i	X				
j	Were any plan transactions or series of transactions in excess of 5% of the current						
	value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see						
	instructions for format requirements.)	4 <u>j</u>		Х			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred	d					
	to another plan, or brought under the control of the PBGC?	4k		Х			
ı	Has the plan failed to provide any benefit when due under the plan?	41		X			
m	If this is an individual account plan, was there a blackout period? (See instructions						
	and 29 CFR 2520.101-3.)	4m	1	X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required n	notice or					
	one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			X			
5 a	Has a resolution to terminate the plan been adopted during the plan year or any prio			☐ Yes	, X r	10	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
5b	If, during this plan year, any assets or liabilities were transferred from this plan to and	other plan(s), ic	lentify t	he plan	(s) to whi	ch assets o	or liabilities
	were transferred. (See instructions.)			,		1	
	5b(1) Name of plan(s)	5b(2) EIN(s)		5b(3	3) PN(s)
_				1		<u> </u>	
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA			-	∐ No	_	letermined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium	filing for this pl	an year			. (See	instr.)

SCHEDULE H	OTHER RECEIVABLES		STATEMENT 1
DESCRIPTION		BEGINNING	ENDING
OTHER RECEIVABLES		69306.	53153.
TOTAL TO SCHEDULE H, LINE	1B(3) =	69306.	53153.
SCHEDULE H	OTHER GENERAL INVESTME	ENTS	STATEMENT 2
DESCRIPTION		BEGINNING	ENDING
OTHER GENERAL INVESTMENTS	-	35757.	56376.
TOTAL TO SCHEDULE H, LINE	1C(15) =	35757.	56376.
SCHEDULE H	OTHER PLAN LIABILITIE	 ₹S	STATEMENT 3
DESCRIPTION		BEGINNING	ENDING
OTHER LIABILITIES	-	65806.	64443.
TOTAL TO SCHEDULE H, LINE	- 1J =	65806.	64443.
SCHEDULE H	OTHER INCOME		STATEMENT 4
DESCRIPTION			AMOUNT
OTHER INCOME			17158.
TOTAL TO SCHEDULE H, LINE	2C		17158.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 5
DESCRIPTION	AMOUNT	
OTHER ADMINISTRATIVE E	KPENSES	6968.
TOTAL TO SCHEDULE H, L	INE 2I(4)	6968.