Form 5500
Department of the Treasury
Internal Revenue Service

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.

2018
This Form is Open to Public Inspection

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

Part II Basic Plan Information - enter all requested information
1a Name of plan
INSURANCE AND BENEFITS TRUST OF THE PORAC - NON-SAFETY

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
INSURANCE AND BENEFITS TRUST OF THE PORAC - NON-SAFETY
4010 TRUXEL ROAD
SACRAMENTO CA 95834-3725

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, 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.

Signature of plan administrator
Date
Enter name of individual signing as plan administrator

Signature of employer/plan sponsor
Date
Enter name of individual signing as employer or plan sponsor

Signature of DFV
Date
Enter name of individual signing as DFV

Form 5500 (2018) v. 171027
### General Schedules

- **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

- **Plan funding arrangement (check all that apply)**
  - (1) **X** Insurance
  - (2) **X** Code section 412(e)(3) insurance contracts
  - (3) **X** Trust
  - (4) **X** General assets of the sponsor

- **Plan benefit arrangement (check all that apply)**
  - (1) **X** Insurance
  - (2) **X** Code section 412(e)(3) insurance contracts
  - (3) **X** Trust
  - (4) **X** General assets of the sponsor

### Pension Schedules

- **General Schedules**
  - (1) **X** H (Financial Information)
  - (2) I (Financial Information - Small Plan)
  - (3) **X** A (Insurance Information)
  - (4) C (Service Provider Information)
  - (5) D (DFE/Participating Plan Information)
  - (6) G (Financial Transaction Schedules)
Part III  Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code ____________________________
**SCHEDULE A (Form 5500)**

**Department of the Treasury**
**Internal Revenue Service**
**Department of Labor**
**Employee Benefits Security Administration**
**Pension Benefit Guaranty Corporation**

**Date:** 11-14-18

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**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).

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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan

INSURANCE AND BENEFITS TRUST OF THE PORAC -

**B** Three-digit plan number (PN)

502

**C** Plan sponsor's name as shown on line 2a of Form 5500

INSURANCE AND BENEFITS TRUST OF THE PORAC - NON-SAF

**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 COMPANY OF NEW YORK

<table>
<thead>
<tr>
<th>(b) EIN</th>
<th>(c) NAIC code</th>
<th>(d) Contract or identification number</th>
<th>(e) Approximate number of persons covered at end of policy or contract year</th>
<th>Policy or contract year</th>
</tr>
</thead>
<tbody>
<tr>
<td>41-0451140</td>
<td>67105</td>
<td>66326-3</td>
<td>18</td>
<td>10/01/2017 - 09/30/2018</td>
</tr>
</tbody>
</table>

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

981

(b) Total amount of fees paid

1963

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

(b) Amount of sales and base commissions paid

Fees and other commissions paid

(c) Amount

(d) Purpose

ADMINISTRATION FEE

1963

(e) Organization code

3

---

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

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

(b) Amount of sales and base commissions paid

Fees and other commissions paid

(c) Amount

(d) Purpose

WRITING AGENT

981

(e) Organization code

3

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

Schedule A (Form 5500) 2018

v. 171027
### Schedule A (Form 5500) 2018 Page 2

<table>
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### 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.

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<th></th>
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<td>Current value of plan’s interest under this contract in the general account at year end</td>
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<td>Current value of plan’s interest under this contract in separate accounts at year end</td>
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<td>Contracts With Allocated Funds:</td>
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<td>State the basis of premium rates</td>
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<td>b</td>
<td>Premiums paid to carrier</td>
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<td>c</td>
<td>Premiums due but unpaid at the end of the year</td>
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<tr>
<td>d</td>
<td>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</td>
</tr>
<tr>
<td>e</td>
<td>Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify)</td>
</tr>
<tr>
<td>f</td>
<td>If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
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<tr>
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</tr>
</thead>
<tbody>
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<td>Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other</td>
</tr>
<tr>
<td>b</td>
<td>Balance at the end of the previous year</td>
</tr>
<tr>
<td>c Additions: (1) Contributions deposited during the year</td>
<td></td>
</tr>
<tr>
<td>(2) Dividends and credits</td>
<td></td>
</tr>
<tr>
<td>(3) Interest credited during the year</td>
<td></td>
</tr>
<tr>
<td>(4) Transferred from separate account</td>
<td></td>
</tr>
<tr>
<td>(5) Other (specify below)</td>
<td></td>
</tr>
<tr>
<td>(6) Total additions</td>
<td></td>
</tr>
<tr>
<td>d Total of balance and additions (add lines 7b and 7c(6))</td>
<td></td>
</tr>
<tr>
<td>e Deductions:</td>
<td></td>
</tr>
<tr>
<td>(1) Disbursed from fund to pay benefits or purchase annuities during year</td>
<td></td>
</tr>
<tr>
<td>(2) Administration charge made by carrier</td>
<td></td>
</tr>
<tr>
<td>(3) Transferred to separate account</td>
<td></td>
</tr>
<tr>
<td>(4) Other (specify below)</td>
<td></td>
</tr>
<tr>
<td>(5) Total deductions</td>
<td></td>
</tr>
<tr>
<td>f Balance at the end of the current year (subtract line 7e(5) from line 7d)</td>
<td></td>
</tr>
</tbody>
</table>
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  [x] 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)
   d  Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement
       (2) Claim reserves ......................................................................... 9d(1)
       (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.  N/A

Part 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.  ▶
For calendar plan year 2018 or fiscal plan year beginning and ending 01/01/2018 and 12/31/2018

<table>
<thead>
<tr>
<th>A</th>
<th>Name of plan</th>
<th>INSURANCE AND BENEFITS TRUST OF THE PORAC -</th>
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<tr>
<td>B</td>
<td>Three-digit plan number (PN)</td>
<td>502</td>
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<td>C</td>
<td>Plan sponsor's name as shown on line 2a of Form 5500</td>
<td>INSURANCE AND BENEFITS TRUST OF THE PORAC - NON-SAF</td>
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<tr>
<td>D</td>
<td>Employer Identification Number (EIN)</td>
<td>68-6068469</td>
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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.

Coverage Information:

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<tr>
<th>(a)</th>
<th>Name of insurance carrier</th>
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<tr>
<td></td>
<td>RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK</td>
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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.

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<th>(a) Total amount of commissions paid</th>
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<tr>
<td>2430</td>
<td>4775</td>
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### Schedule A (Form 5500) 2018 Page 2

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

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</tr>
<tr>
<td>b Dental</td>
</tr>
<tr>
<td>c Vision</td>
</tr>
<tr>
<td>d X Life insurance</td>
</tr>
<tr>
<td>e Temporary disability (accident and sickness)</td>
</tr>
<tr>
<td>f Long-term disability</td>
</tr>
<tr>
<td>g Supplemental unemployment</td>
</tr>
<tr>
<td>h Prescription drug</td>
</tr>
<tr>
<td>i HMO contract</td>
</tr>
<tr>
<td>j PPO contract</td>
</tr>
<tr>
<td>k Indemnity contract</td>
</tr>
<tr>
<td>m Other (specify)</td>
</tr>
</tbody>
</table>

**Experience-rated contracts:**

- **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 $(1) + (2) - (3)$: $9a(4)$

- **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: $9b(4)$

- **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: $9c(1)(H)$

- **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: $9d(3)$

- **Dividends or retroactive rate refunds due:**
  - (Do not include amount entered in line 9c(2).): $9e$

**Nonexperience-rated contracts:**

- **Total premiums or subscription charges paid to carrier:** $10a $48599

- **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? ☒ No

12 If the answer to line 11 is “Yes,” specify the information not provided. ▶
### Service Provider Information

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

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

<table>
<thead>
<tr>
<th>Part I</th>
<th>Service Provider Information (see instructions)</th>
</tr>
</thead>
</table>

#### A Name of plan

**INSURANCE AND BENEFITS TRUST OF THE PORAC**

#### B Three-digit plan number (PN)

**502**

#### C Plan sponsor’s name as shown on line 2a of Form 5500

**INSURANCE AND BENEFITS TRUST OF THE PORAC - NON-SAF**

#### D Employer Identification Number (EIN)

**68-6068469**

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**  

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

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

(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 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).

<table>
<thead>
<tr>
<th>(a) Enter name and EIN or address (see instructions)</th>
<th>PORAC</th>
<th>23-7077256</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Service Code(s)</td>
<td>(c) Relationship to employer, employee organization, or person known to be a party-in-interest</td>
<td>(d) Enter direct compensation paid by the plan. If none, enter -0-.</td>
</tr>
<tr>
<td>PORAC</td>
<td>PARTY IN INTEREST 27249</td>
<td>Yes ☐ No X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) Enter name and EIN or address (see instructions)</th>
<th>MYERS-STEVENS TOOHEY &amp; CO INC</th>
<th>95-2637676</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Service Code(s)</td>
<td>(c) Relationship to employer, employee organization, or person known to be a party-in-interest</td>
<td>(d) Enter direct compensation paid by the plan. If none, enter -0-.</td>
</tr>
<tr>
<td>MYERS-STEVENS TOOHEY &amp; CO INC</td>
<td>NONE 18580</td>
<td>Yes ☐ No X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) Enter name and EIN or address (see instructions)</th>
<th>REICH ADELL AND CVITAN</th>
<th>94-1205338</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Service Code(s)</td>
<td>(c) Relationship to employer, employee organization, or person known to be a party-in-interest</td>
<td>(d) Enter direct compensation paid by the plan. If none, enter -0-.</td>
</tr>
<tr>
<td>REICH ADELL AND CVITAN</td>
<td>NONE 6436</td>
<td>Yes ☐ No X</td>
</tr>
</tbody>
</table>
### Part III

**Termination Information on Accountants and Enrolled Actuaries (see instructions)**

(complete as many entries as needed)

<table>
<thead>
<tr>
<th>a Name:</th>
<th>b EIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEMMING MORSE, LLP</td>
<td>30-0702322</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c Position:</th>
<th>d Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTANT</td>
<td>177 BOVET ROAD, SUITE 525 SAN MATEO CA 94402</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4158364000</td>
</tr>
</tbody>
</table>

Explanation: **THE EMPLOYEE BENEFIT PLAN AUDIT DEPARTMENT OF THE EXISTING AUDIT FIRM MERGED INTO A NEW FIRM**
# 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.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

### Part I Asset and Liability Statement

<table>
<thead>
<tr>
<th>Assets</th>
<th>(a) Beginning of Year</th>
<th>(b) End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Total noninterest-bearing cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Receivables (less allowance for doubtful accounts):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Employer contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Participant contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c General investments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Interest-bearing cash (incl. money market accounts &amp; certificates of deposit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) U.S. Government securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Corporate debt instruments (other than employer securities):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B) All other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Corporate stocks (other than employer securities):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B) Common</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Partnership/joint venture interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Real estate (other than employer real property)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Loans (other than to participants)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Participant loans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) Value of interest in common/collective trusts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) Value of interest in pooled separate accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) Value of interest in master trust investment accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) Value of interest in 103-12 investment entities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) Value of interest in registered investment companies (e.g., mutual funds)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) Value of funds held in insurance co. general account (unallocated contracts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule H (Form 5500) 2018

v. 171027
**Contributions:**

1. Received or receivable in cash from:
   - (A) Employers
   - (B) Participants
   - (C) Others (including rollovers)
   - (2) Noncash contributions
   - (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)

**Earnings on investments:**

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

Add lines 2b(5)(A) and (B)

**Liabilities:**

1. Benefit claims payable
2. Operating payables
3. Acquisition indebtedness
4. Total liabilities (add all amounts in lines 1g through 1j)

**Net Assets:**

1. Net assets (subtract line 1k from line 1f)

**Part II Income and Expense Statement**

<table>
<thead>
<tr>
<th>(a) Amount</th>
<th>(b) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a(1)(A)</td>
<td>235677</td>
</tr>
<tr>
<td>2a(1)(B)</td>
<td></td>
</tr>
<tr>
<td>2a(1)(C)</td>
<td></td>
</tr>
<tr>
<td>2a(2)</td>
<td></td>
</tr>
<tr>
<td>2a(3)</td>
<td>235677</td>
</tr>
<tr>
<td>2b(1)(A)</td>
<td></td>
</tr>
<tr>
<td>2b(1)(B)</td>
<td></td>
</tr>
<tr>
<td>2b(1)(C)</td>
<td></td>
</tr>
<tr>
<td>2b(1)(D)</td>
<td></td>
</tr>
<tr>
<td>2b(1)(E)</td>
<td></td>
</tr>
<tr>
<td>2b(1)(F)</td>
<td>983</td>
</tr>
<tr>
<td>2b(1)(G)</td>
<td></td>
</tr>
<tr>
<td>2b(2)(A)</td>
<td></td>
</tr>
<tr>
<td>2b(2)(B)</td>
<td></td>
</tr>
<tr>
<td>2b(2)(C)</td>
<td>15133</td>
</tr>
<tr>
<td>2b(2)(D)</td>
<td>15133</td>
</tr>
<tr>
<td>2b(3)</td>
<td></td>
</tr>
<tr>
<td>2b(4)(A)</td>
<td></td>
</tr>
<tr>
<td>2b(4)(B)</td>
<td></td>
</tr>
<tr>
<td>2b(4)(C)</td>
<td></td>
</tr>
<tr>
<td>2b(5)(A)</td>
<td></td>
</tr>
<tr>
<td>2b(5)(B)</td>
<td>-4662</td>
</tr>
<tr>
<td>2b(5)(C)</td>
<td>-4662</td>
</tr>
</tbody>
</table>
### Net Investment Gain (Loss) from Common/Collective Trusts

- **(6)** Net investment gain (loss) from common/collective trusts

### Net Investment Gain (Loss) from Pooled Separate Accounts

- **(7)** Net investment gain (loss) from pooled separate accounts

### Net Investment Gain (Loss) from Master Trust Investment Accounts

- **(8)** Net investment gain (loss) from master trust investment accounts

### Net Investment Gain (Loss) from 103-12 Investment Entities

- **(9)** Net investment gain (loss) from 103-12 investment entities

### Net Investment Gain (Loss) from Registered Investment Companies (e.g., Mutual Funds)

- **(10)** Net investment gain (loss) from registered investment companies

#### Other Income

- **(c)** Other income

#### Total Income

- **(d)** Total income. Add all income amounts in column (b) and enter total

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2e(1)</td>
<td>248379</td>
</tr>
<tr>
<td>2e(2)</td>
<td>9206</td>
</tr>
<tr>
<td>2e(3)</td>
<td></td>
</tr>
<tr>
<td>2e(4)</td>
<td>257585</td>
</tr>
<tr>
<td>2f(1)</td>
<td>14362</td>
</tr>
<tr>
<td>2f(2)</td>
<td>45829</td>
</tr>
<tr>
<td>2f(3)</td>
<td>3390</td>
</tr>
<tr>
<td>2f(4)</td>
<td>8446</td>
</tr>
<tr>
<td>2f(5)</td>
<td></td>
</tr>
<tr>
<td>2j(1)</td>
<td>329612</td>
</tr>
<tr>
<td>2j(2)</td>
<td></td>
</tr>
</tbody>
</table>

#### Net Income and Reconciliation

- **(k)** Net income (loss). Subtract line 2j from line 2d

#### Transfers of Assets

- **(l)** Transfers of assets:
  - **(1)** To this plan
  - **(2)** From this plan

#### Accountant's Opinion

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

- **(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.

#### Compliance Questions

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

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4c</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4d</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4e</td>
<td>X</td>
<td>100000</td>
</tr>
</tbody>
</table>

e  Was this plan covered by a fidelity bond?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4f</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

f  Did the plan have a loss, whether or not reimbursed by the plan’s fidelity bond, that was caused by fraud or dishonesty?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4g</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4h</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

i  Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4i</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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.)  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4j</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

k  Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4k</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

l  Has the plan failed to provide any benefit when due under the plan?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4l</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

m  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4m</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4n</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

5a  Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," enter the amount of any plan assets that reverted to the employer this year.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)  

<table>
<thead>
<tr>
<th></th>
<th>5b(1) Name of plan(s)</th>
<th>5b(2) EIN(s)</th>
<th>5b(3) PN(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5c  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not determined</th>
</tr>
</thead>
<tbody>
<tr>
<td>5c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year. (See instr.)  

<table>
<thead>
<tr>
<th></th>
<th>5c</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### STATEMENT 1
**SCHEDULE H  OTHER RECEIVABLES  STATEMENT 1**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING</th>
<th>ENDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER RECEIVABLES</td>
<td>53153.</td>
<td>42083.</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE H, LINE 1B(3)</td>
<td>53153.</td>
<td>42083.</td>
</tr>
</tbody>
</table>

### STATEMENT 2
**SCHEDULE H  OTHER GENERAL INVESTMENTS  STATEMENT 2**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING</th>
<th>ENDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER GENERAL INVESTMENTS</td>
<td>56376.</td>
<td>45647.</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE H, LINE 1C(15)</td>
<td>56376.</td>
<td>45647.</td>
</tr>
</tbody>
</table>

### STATEMENT 3
**SCHEDULE H  OTHER PLAN LIABILITIES  STATEMENT 3**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING</th>
<th>ENDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER LIABILITIES</td>
<td>64443.</td>
<td>74218.</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE H, LINE 1J</td>
<td>64443.</td>
<td>74218.</td>
</tr>
</tbody>
</table>

### STATEMENT 4
**SCHEDULE H  OTHER INCOME  STATEMENT 4**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER INCOME</td>
<td>53956.</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE H, LINE 2C</td>
<td>53956.</td>
</tr>
</tbody>
</table>

### STATEMENT 5
**SCHEDULE H  OTHER ADMINISTRATIVE EXPENSES  STATEMENT 5**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER ADMINISTRATIVE EXPENSES</td>
<td>8446.</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE H, LINE 2I(4)</td>
<td>8446.</td>
</tr>
</tbody>
</table>

*STATEMENT(S) 1, 2, 3, 4, 5*