

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. ▶ ☐ D Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>PORVEN, LTD. 401(K) RETIREMENT SAVINGS PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PORVEN, LTD.</u> <u>600 ROUTE 17 NORTH</u> <u>RAMSEY, NJ 07446</u>	1b Three-digit plan number (PN) ▶ <u>004</u> 1c Effective date of plan <u>01/01/2001</u> 2b Employer Identification Number (EIN) <u>11-3118317</u> 2c Plan Sponsor's telephone number <u>201-995-1310</u> 2d Business code (see instructions) <u>442210</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/05/2018	DIANE SAYLOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 461
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) 374
a(2) Total number of active participants at the end of the plan year	6a(2) 366
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 107
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 473
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 473
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 349
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 27
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2E 2G 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan PORVEN, LTD. 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 PORVEN, LTD.	D Employer Identification Number (EIN) 11-3118317

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 VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	555429	349	01/01/2017	12/31/2017

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 58287	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CETERA ADVISOR NETWORKS, LLC 200 N. SEPULVEDA BLVD., STE. 1200 EL SEGUNDO, CA 90245
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
58287		COMMISSION	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	831174
5 Current value of plan's interest under this contract in separate accounts at year end	5	9858360

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. Specify nature of costs ▶	6d	

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 ▶ **GROUP PENSION FUNDING**

b Balance at the end of the previous year	7b	751203
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c Additions: (1) Contributions deposited during the year	7c(1)	109351
	7c(2)	22851
	7c(3)	
	7c(4)	
	7c(5)	7012

▶ **LOAN REPAYMENTS**

(6) Total additions	7c(6)	139214
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d Total of balance and additions (add lines 7b and 7c(6))	7d	890417
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8888
(2) Administration charge made by carrier	7e(2)	13665
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions	7e(5)	22553
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	867864
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan PORVEN, LTD. 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 PORVEN, LTD.	D Employer Identification Number (EIN) 11-3118317	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>PORVEN, LTD. 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PORVEN, LTD.</u>	D Employer Identification Number (EIN) <u>11-3118317</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA SOLUTION 2045 PORT SRV</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1173366</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA SOLUTION 2035 PORT SRV</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1002025</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS GROWTH FND R3</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>932467</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA FIXED ACCOUNT</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>831174</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA SOLUTION 2055 PORT SRV</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>728786</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA INTERMEDIATE BOND FUND A</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>640082</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRWPR MID-CAP VALUE FUND R</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>560748</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS CORE EQUITY FD-A			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	553188

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2025 PORT SRV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	470568

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER EQUITY INCOME FUND A			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	449188

a Name of MTIA, CCT, PSA, or 103-12 IE: VY OPPENHMR GLOBAL PORT I			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	365452

a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR CAP APPREC PORT SRV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	345747

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN FUND A			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	336664

a Name of MTIA, CCT, PSA, or 103-12 IE: WLLFRG SPEC SMCP VL FD A			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	323818

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA STRATEGIC ALLOC CNS PRT I			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	275762

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION INCOME PT SRV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	257366

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS MIDCAP PRT I			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	257333

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS SMALLCAP PRT I			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	171191

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA US STOCK INDEX PORT INS			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	144584

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MDCP GRW FND A			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	141761

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN INCOME FUND R			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	120504

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2050 PORT SRV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	103712

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS US SMCP GROWTH FND A			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82418

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE BLUE CHIP GR FD-A			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	77702

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO LOW DURATION FUND R			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56673

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2040 PORT SRV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53376

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER STRATGIC INCME - CLS Y			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	49663

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2060 PORT SRV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	46994

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2030 PORT SRV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45872

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH (ADV)			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39192

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS EMERGING MKTS DEBT FND R2			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15459

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLOBAL BOND FUND A			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14035

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2020 PORT SRV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7729

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GOV MONEY MARKET PORT I			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6931

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GNMA INCOME FUND A			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3170

a Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE SH DUR STR INC F R			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2725

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENN NATL RSRC FD R			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1281

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCMR EST VL FD R

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 829
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>PORVEN, LTD. 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PORVEN, LTD.</u>	D Employer Identification Number (EIN) <u>11-3118317</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	172246	233582
(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)	6940765	9858360
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	751203	831174
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7864214	10923116

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7864214	10923116
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	768450	
(B) Participants	2a(1)(B)	1216956	
(C) Others (including rollovers)	2a(1)(C)	8614	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1994020
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	22851	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	9694	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32545
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		1284901
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3311466

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	215517	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		215517
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		6336
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	30711	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		30711
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		252564

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3058902
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: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728945

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan PORVEN, LTD. 401(K) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 PORVEN, LTD.		D Employer Identification Number (EIN) 11-3118317
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 71-0294708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Porven, Ltd. 401(k) Retirement Savings Plan

Financial Statements

December 31, 2017 and 2016

Independent Auditors' Report

The Management of Porven, Ltd. 401(k) Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Porven, Ltd. 401(k) Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.130-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

PKF O'Connor Davies, LLP

June 19, 2018

Porven, Ltd. 401(k) Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2017	2016
ASSETS		
Investments, at fair value	\$ 9,858,360	\$ 6,940,765
Investments, at contract value	<u>831,174</u>	<u>751,203</u>
Total Investments	<u>10,689,534</u>	<u>7,691,968</u>
Receivables		
Notes receivable from participants	<u>233,582</u>	<u>172,246</u>
LIABILITIES	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 10,923,116</u></u>	<u><u>\$ 7,864,214</u></u>

Porven, Ltd. 401(k) Retirement Savings Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2017	2016
ADDITIONS		
Investment Income		
Interest, dividends and capital gains	\$ 22,851	\$ 22,848
Net appreciation in fair value of investments	<u>1,284,901</u>	<u>548,561</u>
Total Investment Income	<u>1,307,752</u>	<u>571,409</u>
 Interest on notes receivable from participants	 <u>9,694</u>	 <u>7,845</u>
 Contributions		
Participants	1,216,956	962,488
Employer	768,450	334,746
Rollover	<u>8,614</u>	<u>7,018</u>
Total Contributions	<u>1,994,020</u>	<u>1,304,252</u>
Total Additions	<u>3,311,466</u>	<u>1,883,506</u>
 DEDUCTIONS		
Benefits paid	215,517	189,239
Deemed distributions	6,336	3,560
Administrative expenses	<u>30,711</u>	<u>23,387</u>
Total Deductions	<u>252,564</u>	<u>216,186</u>
Net Increase	3,058,902	1,667,320
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>7,864,214</u>	<u>6,196,894</u>
 End of year	<u><u>\$10,923,116</u></u>	<u><u>\$ 7,864,214</u></u>

Porven, Ltd. 401(k) Retirement Savings Plan

Notes to Financial Statements
December 31, 2017 and 2016

1. Plan Description

The following description of the Porven, Ltd. 401(k) Retirement Savings Plan (the "Plan") is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees (as defined in the Plan document) of Porven, Ltd. and its Subsidiaries (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

An employee of the Company becomes an eligible participant in the Plan following 6 months of service. Participants can enter the Plan on January 1st and the same day of the month occurring in each successive 3-month period, coincident with or next following the satisfaction of the eligibility requirement.

Contributions

Each year, a participant may contribute up to 100% of their eligible compensation to the Plan on a pre-tax basis. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Additionally, participants age fifty or older are allowed to make catch-up contributions as defined in the Plan. The Company may, at its discretion, make matching contributions and profit sharing contributions for the plan year. The Company matched an amount equal to 100% of the first 4% and 2% of compensation for the years ended December 31, 2017 and 2016. Contributions are subject to certain Internal Revenue Code ("IRC") limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and (b) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Porven, Ltd. 401(k) Retirement Savings Plan

Notes to Financial Statements
December 31, 2017 and 2016

1. Plan Description (*continued*)

Vesting

A participant is 100% vested in their contributions plus allocated earnings thereon. Vesting in the Company's matching contributions is based on years of continuous service in accordance with the following schedule:

<u>Years of Service</u>	<u>Vested Interest</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

A participant's vested interest in the Company's matching contribution will be 100% in the event of the following:

- a) Death or disability of a participant while employed by the Company
- b) Attainment by a participant of his/her normal retirement age
- c) Plan termination

Investment Options

Upon enrollment in the Plan, participants may direct their elective contribution and Company contribution into the various investment options offered by the Plan. Participants may change their investment options at any time.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum amount of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Loans must be repaid over a period not to exceed five years, except in the case of loans incurred for the purchase of a primary residence, which can be repaid over a period of up to thirty years. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service for any reason, a participant shall receive a lump-sum amount equal to the value of the participant's vested interest in his or her account if the vested balance is \$5,000 or less. If the participant's vested interest is over \$5,000, the participant may elect to receive payment in a lump-sum amount or installments paid over certain number of years selected by the participant.

Porven, Ltd. 401(k) Retirement Savings Plan

Notes to Financial Statements
December 31, 2017 and 2016

1. Plan Description (*continued*)

Forfeitures

Forfeitures can be used to restore any participant's account balance, reduce the Company's contributions, or pay administrative expenses. Unallocated forfeited non-vested accounts totaled \$13,641 and \$23,315 at December 31, 2017 and 2016. During 2017 and 2016, \$27,861 and \$21,887 of administrative expenses were paid using forfeitures of non-vested accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make certain estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on Fair Value Measurements which defines fair value and establishes a fair value hierarchy organized into three levels based on the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

At December 31, 2017 and 2016, all of the Plan's investment, that were valued at fair value, were valued using level 2 inputs.

Investment Valuation and Income Recognition

All investments of the Plan are stated at fair value, except for the Voya Fixed Account, which is stated at contract value. Separate accounts are reported at the value reported to the Plan by the insurance company, which represents the fair value of the underlying investments comprising the accounts. The Voya Fixed Account is reported at contract value, which represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

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

Porven, Ltd. 401(k) Retirement Savings Plan

Notes to Financial Statements
December 31, 2017 and 2016

2. Summary of Significant Accounting Policies

Investment Valuation and Income Recognition (continued)

The Plan follows U.S. GAAP guidance (ASU 2015-12) which provided that: (a) fully benefit-responsive investment contracts will be stated and disclosed at contract value; (b) eliminates the disclosure to report individual investments that represents 5 percent or more of a plan's net assets available for benefits; and (c) eliminates the disclosure for net appreciation (depreciation) for investments by general type and classes of assets on the basis of nature, characteristics and risks.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Accounting for Uncertainty in Income Taxes

The Plan recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Management has determined that the Plan had no uncertain tax positions that would require financial statement recognition and/or disclosure. The Plan administrator believes that the Plan is no longer subject to examinations by the applicable taxing jurisdictions for years prior to December 31, 2014.

Porven, Ltd. 401(k) Retirement Savings Plan

Notes to Financial Statements
December 31, 2017 and 2016

2. Summary of Significant Accounting Policies (*continued*)

Subsequent Events

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through June 19, 2018, the date which the financial statements were available for issue. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

3. Information Certified (*Unaudited*)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Voya Retirement Insurance and Annuity Company, the custodian of the Plan, has certified the completeness and accuracy of all the investments reflected in the accompanying statements of net assets available for benefits as of December 31, 2017 and 2016, and the related investment activity reflected in the statements of changes in net assets available for benefits for the years then ended, and the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017.

4. Investments

The Plan's investments including gains and losses on investments bought and sold, as well as held during the year appreciated in fair value by \$1,284,901 and \$548,561 for the years ended December 31, 2017 and 2016.

5. Voya Fixed Account

The Voya Fixed Account (the "Account") is a fully benefit-responsive investment contract with Voya. The Account guarantees principal and a minimum guaranteed interest rate for the life of the contract, as well as featuring two declared interest rates: a current rate, determined at least monthly, and a guaranteed minimum floor rate declared for a defined period – currently one calendar year. The guaranteed minimum floor rate may change after the defined period, but it will never be lower than the minimum guaranteed interest rate that applies for the life of the contract. The current rate, the guaranteed minimum floor rate and the minimum guaranteed interest rate are expressed as annual effective yields. Taking the effect of compounding into account, the interest credited to a participant's account daily yields the then current credited rate. Voya's determination of credited interest rates reflects a number of factors, including mortality and expense risks, interest rate guarantees, the investment income earned on invested assets and the amortization of any capital gains and/or losses realized on the sale of invested assets. Under this option, Voya assumes the risk of investment gain or loss by guaranteeing the principal amount allocated to this option and promises a minimum interest rate during the accumulation period and also throughout the annuity payout period. Voya may impose limitations on the ability to transfer funds out of this investment option. Withdrawals from the Account for other than the payment of benefits to participants may be subject to a market value adjustment and a surrender charge.

Porven, Ltd. 401(k) Retirement Savings Plan

Notes to Financial Statements
December 31, 2017 and 2016

5. Voya Fixed Account

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The Account is presented on the face of the statements of net assets available for benefits at contract value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Voya is contractually obligated to repay the principal and the specified interest rate that is guaranteed to the Plan. The credit risk of the issuer was evaluated by nationally recognized statistical rating agencies as follows: Moody's Investors Service (A2 as of March 2018), Standard and Poor's (A as of March 2018), A.M. Best (A as of March 2018), and Fitch (A as of March 2018).

6. Plan Termination

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

7. Tax Status

The Company has adopted a volume submitter prototype plan document which received an Internal Revenue Service opinion letter dated March 31, 2014, which indicated that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

8. Party-In-Interest Transactions

The Plan investments are managed by Voya. Voya is the custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

Participants who are active employees of the Plan may borrow from their accounts and such loans qualify as party-in-interest transactions under ERISA. These loans are recorded as notes receivable from participants on the statements of net assets available for benefits.

Porven, Ltd. 401(k) Retirement Savings Plan

Notes to Financial Statements
December 31, 2017 and 2016

9. Risk and Uncertainties

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

* * * * *

Porven, Ltd. 401(k) Retirement Savings Plan

Supplementary Schedule

December 31, 2017

Porven, Ltd. 401(k) Retirement Savings Plan

Schedule H, Part VI, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2017

EIN: 11-3118317

Plan #: 004

		(c)	Plan #: 004
		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or	
(a)	(b)	(e)	
	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Value	Current Value
	REGISTERED INVESTMENT COMPANIES	UNITS	
*	Voya Solution 2045 Portfolio - Service Class	66,075	\$ 1,173,366
*	Voya Solution 2035 Portfolio - Service Class	57,418	1,002,025
*	American Funds The Growth Fund of America - Class R-3	12,350	932,467
*	Voya Solution 2055 Portfolio - Service Class	36,869	728,786
*	Voya Intermediate Bond Fund - Class A	34,190	640,082
*	T. Rowe Price Mid-Cap Value Fund - Class R	11,496	560,748
*	MFS Core Equity Fund - Class A	26,078	553,188
*	Voya Solution 2025 Portfolio - Service Class	28,683	470,568
*	Pioneer Equity Income Fund - Class A	15,403	449,188
*	Voya Oppenheimer Global Portfolio - Initial Class	11,357	365,452
*	Voya T. Rowe Price Capital Appreciation Portfolio - Service Class	13,090	345,747
*	Templeton Foreign Fund - Class A	14,883	336,664
*	Wells Fargo Advantage Special Small Cap Value Fund - Class A	6,635	323,818
*	Voya Strategic Allocation Conservative Portfolio - Class I	14,501	275,762
*	Voya Solution Income Portfolio - Service Class	16,387	257,366
*	Voya Index Plus MidCap Portfolio - Class I	7,869	257,333
*	Voya Index Plus SmallCap Portfolio - Class I	4,867	171,191
*	Voya U.S. Stk Ind Port - Inst CI	5,836	144,584
*	Franklin Small-Mid Cap Growth Fund - Class A	8,811	141,761
*	Franklin Income Fund - Class R	8,556	120,504
*	Voya Solution 2050 Portfolio - Service Class	8,182	103,712
*	UBS U.S. Small Cap Growth Fund - Class A	2,188	82,418
*	T. Rowe Price Blue Chip Growth Fund - Class A	2,923	77,702
*	PIMCO Low Duration Fund - Class R	4,501	56,673
*	Voya Solution 2040 Portfolio - Service Class	4,239	53,376
*	Pioneer Strategic Income Fund - Class Y	2,997	49,663
*	Voya Solution 2060 Portfolio - Service Class	3,752	46,994
*	Voya Solution 2030 Portfolio - Service Class	3,730	45,872
*	T. Rowe Price Science and Tech	1,433	39,192
*	MFS Emerging Markets Debt Fund - Class R2	1,115	15,459
*	Voya Global Bond Fund - Class A	1,233	14,035
*	Voya Solution 2020 Portfolio - Service Class	656	7,729
*	Voya Money Market Portfolio - Class I	645	6,931
*	Voya GNMA Income Fund - Class A	186	3,170
*	Eaton Vance Short Duration Strategic Income Fund - Class R	229	2,725
*	Prudential Jennison National Resource Fund - Class R	170	1,281
*	Victory Sycamore Established Value Fund	32	828
	Total Registered Investment Companies		9,858,360
	INSURANCE COMPANY INVESTMENT CONTRACT		
*	Voya Fixed Account	831,174	831,174
	Total Investments		10,689,534
		The interest rates of these loans range from 5.25% to 6.25% with maturities through September 2046	
*	NOTES RECEIVABLE FROM PARTICIPANTS		233,582
	Total Assets (Held at End of Year)		\$ 10,923,116

* Indicates a party-in-interest as defined by ERISA

Porven, Ltd. 401(k) Retirement Savings Plan

Schedule H, Part VI, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2017

EIN: 11-3118317

Plan #: 004

		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or	(e) Current Value
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Maturity Value	
	REGISTERED INVESTMENT COMPANIES	UNITS	
*	Voya Solution 2045 Portfolio - Service Class	66,075	\$ 1,173,366
*	Voya Solution 2035 Portfolio - Service Class	57,418	1,002,025
*	American Funds The Growth Fund of America - Class R-3	12,350	932,467
*	Voya Solution 2055 Portfolio - Service Class	36,869	728,786
*	Voya Intermediate Bond Fund - Class A	34,190	640,082
*	T. Rowe Price Mid-Cap Value Fund - Class R	11,496	560,748
*	MFS Core Equity Fund - Class A	26,078	553,188
*	Voya Solution 2025 Portfolio - Service Class	28,683	470,568
*	Pioneer Equity Income Fund - Class A	15,403	449,188
*	Voya Oppenheimer Global Portfolio - Initial Class	11,357	365,452
*	Voya T. Rowe Price Capital Appreciation Portfolio - Service Class	13,090	345,747
*	Templeton Foreign Fund - Class A	14,883	336,664
*	Wells Fargo Advantage Special Small Cap Value Fund - Class A	6,635	323,818
*	Voya Strategic Allocation Conservative Portfolio - Class I	14,501	275,762
*	Voya Solution Income Portfolio - Service Class	16,387	257,366
*	Voya Index Plus MidCap Portfolio - Class I	7,869	257,333
*	Voya Index Plus SmallCap Portfolio - Class I	4,867	171,191
*	Voya U.S. Stk Ind Port - Inst CI	5,836	144,584
*	Franklin Small-Mid Cap Growth Fund - Class A	8,811	141,761
*	Franklin Income Fund - Class R	8,556	120,504
*	Voya Solution 2050 Portfolio - Service Class	8,182	103,712
*	UBS U.S. Small Cap Growth Fund - Class A	2,188	82,418
*	T. Rowe Price Blue Chip Growth Fund - Class A	2,923	77,702
*	PIMCO Low Duration Fund - Class R	4,501	56,673
*	Voya Solution 2040 Portfolio - Service Class	4,239	53,376
*	Pioneer Strategic Income Fund - Class Y	2,997	49,663
*	Voya Solution 2060 Portfolio - Service Class	3,752	46,994
*	Voya Solution 2030 Portfolio - Service Class	3,730	45,872
*	T. Rowe Price Science and Tech	1,433	39,192
*	MFS Emerging Markets Debt Fund - Class R2	1,115	15,459
*	Voya Global Bond Fund - Class A	1,233	14,035
*	Voya Solution 2020 Portfolio - Service Class	656	7,729
*	Voya Money Market Portfolio - Class I	645	6,931
*	Voya GNMA Income Fund - Class A	186	3,170
*	Eaton Vance Short Duration Strategic Income Fund - Class R	229	2,725
*	Prudential Jennison National Resource Fund - Class R	170	1,281
*	Victory Sycamore Established Value Fund	32	<u>828</u>
	Total Registered Investment Companies		9,858,360
	INSURANCE COMPANY INVESTMENT CONTRACT		
*	Voya Fixed Account	831,174	<u>831,174</u>
	Total Investments		10,689,534
		The interest rates of these loans range from 5.25% to 6.25% with maturities through September 2046	
*	NOTES RECEIVABLE FROM PARTICIPANTS		<u>233,582</u>
	Total Assets (Held at End of Year)		<u>\$ 10,923,116</u>

* Indicates a party-in-interest as defined by ERISA

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2017** and ending **12/31/2017**

Name of plan

Porven, LTD. 401(K) Retirement Savings Plan

Employer Identification Number

11-3118317

Three-digit
plan number

► **004**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Voya Retire Ins and Annuity	AMF Growth Fund of America		932,467
*	Voya Retire Ins and Annuity	Victory Scmr Established Val		829
*	Voya Retire Ins and Annuity	Franklin Small-Mid Cap Growth		141,761
*	Voya Retire Ins and Annuity	Voya Fixed Account		831,174
*	Voya Retire Ins and Annuity	VoyaIndex Plus Mid-Cap Portfol		257,333
*	Voya Retire Ins and Annuity	VoyaIndex Plus SmallCap Portfo		171,191
*	Voya Retire Ins and Annuity	Voya Intermediate Bond Fund		640,082
*	Voya Retire Ins and Annuity	Voya Money Market Portfolio		6,931
*	Voya Retire Ins and Annuity	VY Oppenheimer Global Portfol		365,452
*	Voya Retire Ins and Annuity	Voya Solution 2055 Port		728,786
*	Voya Retire Ins and Annuity	Voya Strategic Allocation Cons		275,762
*	Voya Retire Ins and Annuity	VY TRwPr Cap Apprec Port Srv		345,747
*	Voya Retire Ins and Annuity	Templeton Foreign Fund		336,664
*	Voya Retire Ins and Annuity	Voya US Stock Index Port		144,584
*	Voya Retire Ins and Annuity	Voya Solution 2025 Port		470,568
*	Voya Retire Ins and Annuity	Voya Solution 2035 Port		1,002,025
*	Voya Retire Ins and Annuity	Voya Solution 2045 Port		1,173,366
*	Voya Retire Ins and Annuity	Voya Solution Income		257,366
*	Voya Retire Ins and Annuity	Voya T.Rowe Price MidCap Value		560,748
*	Voya Retire Ins and Annuity	PIMCO Low Duration Fund		56,673
*	Voya Retire Ins and Annuity	Pioneer Equity Income Fnd		449,188
*	Voya Retire Ins and Annuity	UBS US Small Cap Growth Fund		82,418
*	Voya Retire Ins and Annuity	Wells Fargo Advantage Special		323,818
*	Voya Retire Ins and Annuity	Franklin Income Fund		120,504
	Voya Retire Ins and Annuity	Participant Loans		233,582
*	Voya Retire Ins and Annuity	Voya Solution 2020 Port		7,729
*	Voya Retire Ins and Annuity	Eaton Vance Shrt Dur Strat		2,725
*	Voya Retire Ins and Annuity	Voya GNMA Income Fund A		3,170
*	Voya Retire Ins and Annuity	Pioneer Strategic Income Fund		49,663
*	Voya Retire Ins and Annuity	Voya Solution 2030 Port		45,872
*	Voya Retire Ins and Annuity	MFS Core Equity Fund A		553,188
*	Voya Retire Ins and Annuity	MFS Emerging Markets Debt Fund		15,459
*	Voya Retire Ins and Annuity	Prudential Jennison Natl Rsrce		1,281
*	Voya Retire Ins and Annuity	TRowePrc Blue Chip Growth Fund		77,702
*	Voya Retire Ins and Annuity	TRowePrc Science & Technology		39,192
*	Voya Retire Ins and Annuity	Voya Solution 2060 Port		46,994
*	Voya Retire Ins and Annuity	Voya Solution 2050 Port		103,712
*	Voya Retire Ins and Annuity	Voya Solution 2040 Port		53,376
*	Voya Retire Ins and Annuity	Voya Global Bond Fund A		14,035